

# BEKISH Orthodontics

Dr. Daniel J. Bekish, DMD, MS

## New Patient Information ADULT

Today's Date: \_\_\_\_\_

Patient's Name \_\_\_\_\_  
last first middle

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Sex:  Female  Male

Patient's Dentist \_\_\_\_\_ Last visit date \_\_\_\_\_

Referred by \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Employment \_\_\_\_\_  
Work Phone \_\_\_\_\_

Marital Status:  married  separated  divorced  remarried  widowed  single

Name & Ages of Children in family \_\_\_\_\_

Main concern(s) for today's appointment: \_\_\_\_\_

## Medical History

Diabetes	<input type="radio"/> Yes	<input type="radio"/> No	Hay Fever	<input type="radio"/> Yes	<input type="radio"/> No	HIV	<input type="radio"/> Yes	<input type="radio"/> No
Heart Trouble	<input type="radio"/> Yes	<input type="radio"/> No	Asthma	<input type="radio"/> Yes	<input type="radio"/> No	Tonsillitis	<input type="radio"/> Yes	<input type="radio"/> No
Rheumatic fever	<input type="radio"/> Yes	<input type="radio"/> No	Allergies	<input type="radio"/> Yes	<input type="radio"/> No	Hepatitis	<input type="radio"/> Yes	<input type="radio"/> No
Bone disorders	<input type="radio"/> Yes	<input type="radio"/> No	Convulsions	<input type="radio"/> Yes	<input type="radio"/> No	Endocrine-thyroid	<input type="radio"/> Yes	<input type="radio"/> No
Abnormal bleeding	<input type="radio"/> Yes	<input type="radio"/> No	ADD/ADHD	<input type="radio"/> Yes	<input type="radio"/> No	Epilepsy	<input type="radio"/> Yes	<input type="radio"/> No

Any other medical concerns? \_\_\_\_\_

For Women: Are you taking birth control pills? \_\_\_\_\_

Are you pregnant? \_\_\_\_\_ Are you nursing? \_\_\_\_\_

List any drugs or medications now being taken

\_\_\_\_\_ Why? \_\_\_\_\_  
\_\_\_\_\_ Why? \_\_\_\_\_

Are you allergic to any medications? \_\_\_\_\_

Are you allergic to? LATEX METALS/NICKEL PLASTICS

Have tonsils and adenoids been removed? \_\_\_\_\_ Does patient snore? \_\_\_\_\_

