Modern **Orthodontics**

Braces for Children and Adults

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Medical History (Page 1)

Patient's Name: _____ Date of Birth: _____

Name of General Dentist: _____ Today's Date: _____

Please answer all questions correctly.

1. Are you under the care of a physician at the present time? _____
   Esta bajo tratamiento de un medico?
2. Are you presently taking any medications? _____
   Esta tomando medicinas recetadas últimamente?
3. Have you been told you have trouble with your heart? _____
   Le han dicho alguna vez que padece del corazón?
4. Has a physician ever told you that you have high blood pressure? _____
   Le ha dicho el medico alguna vez que tiene la presión alta?
5. Have you ever had rheumatic fever? _____
   Ha padecido alguna vez de fiebre reumática?
6. Have you had or do you now have AIDS, Hepatitis, or other infectious disease? _____
   Tiene o ha tenido enfermedades infecciosas como ser SIDA, Hepatitis o otras?
7. Do you have allergies? _____
   Tiene alergias?
8. Are you allergic to any drugs? _____
   Es alérgico de alguna medicina?
9. Do you have diabetes (sugar disease)? _____
   Tiene diabetes (azúcar en el sangre)?
10. Do you have any bleeding problems? Prolonged bleeding following tooth infections or cuts? _____
    Sangra con facilidad? Cuando se extrae un diente o se corta, sangra por mucho tiempo?
11. Have you had previous extractions with local anesthetic (shots) or general anesthesia (gas)? If so, please underline the appropriate word. _____
    Ha tenido extracciones anteriores con anestesia local (aguja) o anestesia general (gas)? Es si, subraye local o general.
12. Have you had any trouble when you have had a tooth removed? _____
    Did you have prolonged bleeding, excess swelling, pain, infection, or other?
    If so, please underline the appropriate word.
    Cuando le han extraído algún diente, ha tenido algún problema?
    Ha sangrado por mucho tiempo, mucha hinchazón, dolor, infección o otro malestar?
    Subraye los síntomas que haya sentido.

Please continue on next page/Otro lado, por favor

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Medical History (Page 2)

13. Have you ever been treated with steroids, cortisone, or radiation (x-ray therapy)?
Ha tenido algún tratamiento de esteroides, cortisona o radiación (rayos X)? _____

14. Have you ever had venereal disease (bad blood)?
Ha tenido enfermedades veneráis (sangre mala)? _____

15. Have you ever had any operations or major surgery, serious illness or been hospitalized for any length of time?
Lo han hospitalizado para alguna operación o enfermedad de gravedad por mucho tiempo? _____

16. Are you pregnant?
Esta Usted embarazada? _____

17. Do you have a heart murmur?
Tiene usted soplo al corazón? _____

18. Do you have any prosthetic joints or heart valves?
Tiene usted prótesis en sus articulaciones o válvulas metálicas en el corazón? _____

19. Have you ever had tuberculosis, asthma, or other lung troubles, yellow jaundice, liver trouble, gall bladder trouble, anemia, or epileptic convulsions, "fits," or seizures?
Ha padecido alguna vez de tuberculosis, asma, problema pulmonar, icteria, (tobadillo), problemas del hígado, vesícula, anemia, o ataques epilépticos? _____

20. Are there any other problems with your health that you are aware of?
Hay algún otro problema de su salud que ustedes sepa? _____

21. Has it been more than six months since your last visit to the dentist for a cleaning and exam?
Hace ya mas de seis meses que usted visito a sus dentista para una limpieza o un examen? _____

22. Address and Phone Number of General Dentist: _____

_____

IMPORTANT: A change in your medical/dental status should be reported to the office as soon as possible!
IMPORTANTE: Si hay un cambio en su salud medica/dental debe reportarlo lo mas pronto posible a la oficina.

To the best of my knowledge, all of these questions have been answered correctly.
Para el mejor de mi conocimiento, las preguntas anteriores han sido contestadas correctamente.

SIGNATURE OF PATIENT: DATE:
FIRMA DE PACIENTE: _____ FECH: _____

SIGNATURE OF PARENT: DATE:
FIRMA DE PARIENTE: _____ FECH: _____

Thank You! / Gracias!

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