

**Albert L. Kelling, D.D.S.**  
Orthodontics Care for Youth and Adults

Youth Health Questionnaire

Patient Name: \_\_\_\_\_ Goes By: \_\_\_\_\_ Age: \_\_\_\_\_

Your primary orthodontic concern: \_\_\_\_\_

Patient's attitude toward orthodontics:  Enthusiastic  Indifferent  Not Interested

Allergies affecting nasal breathing:  No  Suspected  Mild  Moderate  Severe

Currently under the care of a physician for: \_\_\_\_\_

Drugs currently taking: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Tonsils:  Possibly enlarged  Enlarged  Removed (date) \_\_\_\_\_

Adenoids:  Possibly enlarged  Enlarged  Removed (date) \_\_\_\_\_

History of injury to face: \_\_\_\_\_

History of injury to teeth: \_\_\_\_\_

Degree of cooperation with orthodontic treatment you expect:  High  Average  Low

Recurrent:  Tonsillar Problems  Stuffy Nose  Ear Infections  Headaches

Symptoms related to jaw joint and chewing muscle function:

Facial achiness: N Y (circle)

Jaw joint achiness right: N Y

Jaw joint achiness left: N Y

Jaw joint sounds right: N Y

Jaw joint sounds left: N Y

Bruxism (Grinds teeth): N Y

Difficulty moving jaw:  Occasionally  Frequently

Clenching:  Suspected  Infrequent  Frequent  None

Headaches:  None  Infrequent, not of concern  Frequent, of concern  Migraine  Right or  Left

The above symptoms are:  Rare  Infrequent  Mornings  Sometimes during the day  Daily

While Eating  with consistent sounds (popping)

There is a history of:  Degenerative joint disease  Rheumatoid Arthritis  Jaw joint dislocation  Right or  Left

Jaw joint trauma  Right or  Left

There is jaw joint/chewing muscle pain: On opening:  Right  Left On chewing:  Right  Left

While speaking:  Right  Left While sleeping:  Right  Left

Overall the pain is:  Mild  Moderate  Severe

Patient has history of:

Heart disease N Y (circle)

Diabetes N Y

Rheumatic fever N Y

Bone disorder N Y

Kidney disease N Y

Liver disease N Y

Congenital malformation N Y

Blood disorder/Prolonged bleeding N Y

Psychiatric care N Y

I understand that where appropriate, credit bureau reports may be obtained.

Signature (Parent's signature if minor) \_\_\_\_\_ Date \_\_\_\_\_

Updates (date and initial) \_\_\_\_\_

\*\* Please bring this health questionnaire to your visit. Thank you. \*\*