

ASTORIA FAMILY ORTHODONTICS

MEDICAL HISTORY

PATIENT'S NAME: _____ Date of Birth: _____

Name of General Dentist: _____ Phone # _____

Please answer all questions correctly

1. Are you under the care of a physician at the present time?

1. Esta bajo tratamiento de un medico? _____

2. Are you presently taking any medicines?

2. Esta tomando medicinas recetadas ultimamente? _____

3. Have you ever been told you have trouble with your heart?

3. Le han dicho alguna vez que padece del corazon? _____

4. Has a physician ever said that you have high blood pressure?

4. Le ha dicho el medico alguna vez que tiene la presion alta? _____

5. Have you ever had rheumatic fever?

5. Ha padecido alguna vez de fiebre reumatica? _____

6. Have you had or do you now have an infectious disease such as AIDS, Hepatitis, other?

6. Tiene o ha tenido enfermedades infecciosas como ser SIDA, Hepatitis u otras infecciones? _____

7. Do you have allergies?

7. Tiene alergias? _____

8. Are you allergic to any drugs?

8. Es alergico a alguna medicina? _____

9. Do you have diabetes? (Sugar disease)

9. Tiene diabetes? (Azucar en la sangre) _____

10. Do you have any bleeding problems? Prolonged bleeding following tooth extractions or cuts?

10. Sangra con facilidad? Cuando se extrae un diente o se corta, sangra por mucho tiempo? _____

11. Have you had previous extractions with local anesthesia (needle) or general anesthesia (gas)? If yes, underline the appropriate word.

11. Ha tenido extracciones anteriores con anestesia local (aguja) o anestesia general (gas)? Es si, subraye local o gen _____

12. Have you ever had any trouble of any type when you had a tooth removed? Prolonged bleeding, excess swelling, pain, infection, or other?

(If yes, please underline appropriate word.)

12. Cuando le han extraido algun diente, ha tenido algun problema?

Ha sangrado por mucho tiempo, mucha hinchazon, dolor, infeccion u otro malestar? Subraye los sintomas que haya sentido. _____

13. Have you ever been treated with cortisone, by radiation, chemotherapy or IV Bisphosphonate (i.e. Zometa or Aredia)?
(X-ray Therapy)

13. Ha tenido algun tratamiento de cortisone, radiacion, quimoterapia, o IV Bisphosphonate?
(rayos X)

14. Have you had venereal disease (bad blood)?

14. Ha tenido enfermedades venereas (sangra mala)?

15. Have you ever had any operations or major surgery, serious illness, or been hospitalized for any length of time?

15. Lo han hospitalizado para alguna operation o enfermedad de gravedad por mucho tiempo?

16. Are you pregnant?

16. Esta Usted esperando familia?

17. Do you have a heart murmur?

17. Tiene usted soplo al corazon?

18. Do you have any prosthetic joints or heart valves?

18. Tiene usted protesis en sus articulaciones o valvulas metalicas en el corazon?

19. Have you ever had tuberculosis, asthma or other lung troubles, yellow jaundice, liver trouble, gall bladder trouble, anemia or epileptic convulsions of "Fits"?

19. Ha padecido alguna vez de tuberculosis, asthma, problema pulmonar, ictericia (tobaldillo), problemas del higado, vesicula, anemia o ataques epilepticos?

20. Are there any other problems about your health of which you are aware?

20. Hay algun otro problems de su salud que uds. sepa?

NOTE: A change in your medical/dental status should be reported to the office as soon as possible.

NOTA: Si hay un cambio en su salud medica/dental debe reportarlo lo mas pronto posible a la oficina.

To the best of my knowledge, the foregoing questions have been answered correctly.

Para el mejor de mi conocimiento, las preguntas anteriores han sido contestadas correctamente.

PATIENT'S SIGNATURE:

DATE:

FIRMA DEL PACIENTE:

FECHA:

PARENT'S SIGNATURE:

DATE:

FIRMA DEL PACIENTE:

FECHA:

WITNESS:

DATE:

TESTIGO:

FECHA:

HIPPA- CONSENT FORM FOR PATIENTS
Astoria Family Orthodontics

Acknowledgment of Receipt of Notice Of Privacy Policies And Consent for Disclosure for Treatment, Payment and Operations

ACKNOWLEDGMENT AND CONSENT

By signing below, I hereby acknowledge that I have been provided with a copy of this office's Notice of Privacy Practices and have therefore been advised of how my protected health information may be used and disclosed by the office and how I may obtain access to and control this information. In addition, by signing below, I hereby consent to use and disclosure of my health information for treatment purposes, payment activities and health care operations of the office as described in this notice.

We reserve the right to change our Privacy Practice as described in our notices of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

RIGHT TO REVOKE: You will have the right to revoke this consent at any time by giving us written notice of your revocation submitted to the listed contact person below. Please understand that revocation of this consent will not affect any action we took in reliance on this consent before we receive your revocation, and that we may decline to treat you or to continue treating you if you revoke this consent.

Signature of the Patient or Personal Representative

Print name of Patient or Personal Representative (including description of legal authority)

Date

Contact Person: Office Manager
(718)278-0358 Fax: (718)278-2908
Your are entitled to a copy of this consent after you sign it.

INFORMED CONSENT

for the Orthodontic Patient **Risks and Limitations of Orthodontic Treatment**

Successful orthodontic treatment is a partnership between the orthodontist and the patient. The doctor and staff are dedicated to achieving the best possible result for each patient. As a general rule, informed and cooperative patients can achieve positive orthodontic results. While recognizing the benefits of a beautiful healthy smile, you should also be aware that, as with all healing arts, orthodontic treatment has limitations and potential risks. These are seldom serious enough to indicate that you should not

have treatment; however, all patients should seriously consider the option of no orthodontic treatment at all by accepting their present oral condition. Alternatives to orthodontic treatment vary with the individual's specific problem, and prosthetic solutions or limited orthodontic treatment may be considerations. You are encouraged to discuss alternatives with the doctor prior to beginning treatment.

Orthodontics and Dentofacial Orthopedics is the dental specialty that includes the diagnosis, prevention, interception and correction of malocclusion, as well as neuromuscular and skeletal abnormalities of the developing or mature orofacial structures.

An orthodontist is a dental specialist who has completed at least two additional years of graduate training in orthodontics at an accredited program after graduation from dental school.



American Association of Orthodontists

Results of Treatment

Orthodontic treatment usually proceeds as planned, and we intend to do everything possible to achieve the best results for every patient. However, we cannot guarantee that you will be completely satisfied with your results, nor can all complications or consequences be anticipated. The success of treatment depends on your cooperation in keeping appointments, maintaining good oral hygiene, avoiding loose or broken appliances, and following the orthodontist's instructions carefully.

Length of Treatment

The length of treatment depends on a number of issues, including the severity of the problem, the patient's growth and the level of patient cooperation. The actual treatment time is usually close to the estimated treatment time, but treatment may be lengthened if, for example, unanticipated growth occurs, if there are habits affecting the dentofacial structures, if periodontal or other dental problems occur, or if patient cooperation is not adequate. Therefore, changes in the original treatment plan may become necessary. If treatment time is extended beyond the original estimate, additional fees may be assessed.

Discomfort

The mouth is very sensitive so you can expect an adjustment period and some discomfort due to the introduction of orthodontic appliances. Non-prescription pain medication can be used during this adjustment period.

Relapse

Completed orthodontic treatment does not guarantee perfectly straight teeth for the rest of your life. Retainers will be required to keep your teeth in their new positions as a result of your orthodontic treatment. You must wear your retainers as instructed or teeth may shift, in addition to other adverse effects. Regular retainer wear is often necessary for several years following orthodontic treatment. However, changes after that time can occur due to natural causes, including habits such as tongue thrusting, mouth breathing, and growth and maturation that continue throughout life. Later in life, most people will see their teeth shift. Minor irregularities, particularly in the lower front teeth, may have to be accepted. Some changes may require additional orthodontic treatment or, in some cases, surgery. Some situations may require non-removable retainers or other dental appliances made by your family dentist.

Extractions

Some cases will require the removal of deciduous (baby) teeth or permanent teeth. There are additional risks associated with the removal of teeth which you should discuss with your family dentist or oral surgeon prior to the procedure.

Orthognathic Surgery

Some patients have significant skeletal disharmonies which require orthodontic treatment in conjunction with orthognathic (dentofacial) surgery. There are additional risks associated with this surgery which you should discuss with your oral and/or maxillofacial

surgeon prior to beginning orthodontic treatment.

Please be aware that orthodontic treatment prior to orthognathic surgery often only aligns the teeth within the individual dental arches. Therefore, patients discontinuing orthodontic treatment without completing the planned surgical procedures may have a malocclusion that is worse than when they began treatment!

Decalcification and Dental Caries

Excellent oral hygiene is essential during orthodontic treatment as are regular visits to your family dentist. Inadequate or improper hygiene could result in cavities, discolored teeth, periodontal disease and/or decalcification. These same problems can occur without orthodontic treatment, but the risk is greater to an individual wearing braces or other appliances. These problems may be aggravated if the patient has not had the benefit of fluoridated water or its substitute, or if the patient consumes sweetened beverages or foods.

Root Resorption

The roots of some patients' teeth become shorter (resorption) during orthodontic treatment. It is not known exactly what causes root resorption, nor is it possible to predict which patients will experience it. However, many patients have retained teeth throughout life with severely shortened roots. If resorption is detected during orthodontic treatment, your orthodontist may recommend a pause in treatment or the removal of the appliances prior to the completion of orthodontic treatment.

Nerve Damage

A tooth that has been traumatized by an accident or deep decay may have experienced damage to the nerve of the tooth. Orthodontic tooth movement may, in some cases, aggravate this condition. In some cases, root canal treatment may be necessary. In severe cases, the tooth or teeth may be lost.

Periodontal Disease

Periodontal (gum and bone) disease can develop or worsen during orthodontic treatment due to many factors, but most often due to the lack of adequate oral hygiene. You must have your general dentist, or if indicated, a periodontist monitor your periodontal health during orthodontic treatment every three to six months. If periodontal problems cannot be controlled, orthodontic treatment may have to be discontinued prior to completion.

Injury From Orthodontic Appliances

Activities or foods which could damage, loosen or dislodge orthodontic appliances need to be avoided. Loosened or damaged orthodontic appliances can be inhaled or swallowed or could cause other damage to the patient. You should inform your orthodontist of any unusual symptoms or of any loose or broken appliances as soon as they are noticed. Damage to the enamel of a tooth or to a restoration (crown, bonding, veneer, etc.) is possible when orthodontic appliances are removed. This problem may be more likely when esthetic (clear or tooth colored) appliances have been selected. If damage to a tooth or restoration occurs, restoration of the involved tooth/teeth by your dentist may be necessary.

Headgears

Orthodontic headgears can cause injury to the patient. Injuries can include damage to the face or eyes. In the event of injury or especially an eye injury, however minor, immediate medical help should be sought. Refrain from wearing headgear in situations where there may be a chance that it could be dislodged or pulled off. Sports activities and games should be avoided when wearing orthodontic headgear.

Temporomandibular (Jaw) Joint Dysfunction

Problems may occur in the jaw joints, i.e., temporomandibular joints (TMJ), causing pain, headaches or ear problems. Many factors can affect the health of the jaw joints, including past trauma (blows to the head or face), arthritis, hereditary tendency to jaw joint problems, excessive tooth grinding or clenching, poorly balanced bite, and many medical conditions. Jaw joint problems may occur with or without orthodontic treatment. Any jaw joint symptoms, including pain, jaw popping or difficulty opening or closing, should be promptly reported to the orthodontist. Treatment by other medical or dental specialists may be necessary.

Impacted, Ankylosed, Unerupted Teeth

Teeth may become impacted (trapped below the bone or gums), ankylosed (fused to the bone) or just fail to erupt. Oftentimes, these conditions occur for no apparent reason and generally cannot be anticipated. Treatment of these conditions depends on the particular circumstance and the overall importance of the involved tooth, and may require extraction, surgical exposure, surgical transplantation or prosthetic replacement.

Occlusal Adjustment

You can expect minimal imperfections in the way your teeth meet following the end of treatment. An occlusal equilibration procedure may be necessary, which is a grinding method used to fine-tune the occlusion. It may also be necessary to remove a small amount of enamel in between the teeth, thereby "flattening" surfaces in order to reduce the possibility of a relapse.

Non-Ideal Results

Due to the wide variation in the size and shape of the teeth, missing teeth, etc., achievement of an ideal result (for example, complete closure of a space) may not be possible. Restorative dental treatment, such as esthetic bonding, crowns or bridges or periodontal therapy, may be indicated. You are encouraged to ask your orthodontist and family dentist about adjunctive care.

Third Molars

As third molars (wisdom teeth) develop, your teeth may change alignment. Your dentist and/or orthodontist should monitor them in order to determine when and if the third molars need to be removed.

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American Association of Orthodontists

401 N. Lindbergh Blvd.
St. Louis, MO, USA 63141-7816

800.424.2841 Toll Free
314.997.6968 outside of the US and Canada
314.993.6992 Fax
orders@aaortho.org
www.AAOmembers.org

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