



Orthodontic Related Dental Health History For Orthodontic Consultation

We would like to know about why you are seeking Orthodontic Treatment Options
Filling in this questionnaire as fully as possible will make it easier to meet your expectations.
The more information you give us the better!

Have you had an orthodontic consultation/treatment in the last 2 years? Yes/No
If yes then please give the approx date: ___//___//_____
If yes then did you get a written Treatment Plan and quote Yes/No

Your Concerns

Please describe below any concerns you have about your teeth.

Please describe any problems you wish to correct

Your Expectations

We want to meet your expectations. So please describe what would be a favourable outcome to your presenting problem. The more information you give the easier it will be to meet your expectations.

Name _____

Date of Birth ___//___//_____

