Dr. med. dent. Michael Hänggi, Specialist in Orthodontics (Switzerland), Member of SSO, SGK *www.praxishaenggi.ch*

Orthodontic questionnaire for adults

Last Name: ..... First Name: .....

Date of birth: ..... Gender: ☐ female ☐ male

Street, Nr: ..... Zip code, City: .....

Mobile: ..... Phone at home: .....

E-Mail: ..... Phone at work: .....

General Dentist: ..... Office in: .....

Referral by: ☐ yourself ☐ general dentist ☐ recommendation: .....

Do you have dental insurance covering orthodontics? ☐ No ☐ Yes, ...

Will you request financial aid for the treatment costs? ☐ No ☐ Yes, ...

Reason for seeking consultation

☐ aesthetics of the teeth: .....

☐ aesthetics of the profile: .....

☐ position of jaws / malocclusion: .....

☐ other: .....

Please be advised that a definitive treatment plan and cost cannot be made at the first consultation. Changes can result after additional information has been obtained (model, radiographs) and will be discussed during a later appointment.

General and dental health history

Do you have a serious illness? ☐ No ☐ Yes, ...

Were you recently ill or are you under medical treatment? ☐ No ☐ Yes, ...

Are you taking medication? ☐ No ☐ Yes, ...

Any known allergies (medication, latex, or injections)? ☐ No ☐ Yes, ...

Have you had an accident or an operation to the head? ☐ No ☐ Yes, ...

Do you have jaw problems (e.g. joint pain)? ☐ No ☐ Yes, ...

Are you having problems breathing through the nose? ☐ No ☐ Yes, ...

Do you snore? ☐ No ☐ Yes, ...

Have you had teeth extracted? ☐ No ☐ Yes, ...

Have you had previous orthodontic treatment? ☐ No ☐ Yes, ...

Other comments: .....

Assessment of patient motivation

Would you be willing to wear visible braces? ☐ yes ☐ maybe ☐ under no circumstances
(almost always necessary to move teeth in a effective and controlled manner)

If necessary, would you undergo orthognathic surgery? ☐ yes ☐ maybe ☐ under no circumstances
(only necessary to correct major jaw- or profile-discrepancies)

I hereby agree to the forwarding of my data to the appropriate institutions for the purpose of billing and collection or for communication with referring doctor's, insurances or other institutions.

Date: ..... Signature: .....