
Treatment Expectations Form – 18 years and under

In order for us to provide you with the best possible care please complete the following questions and return to us with your Medical History Form at your examination appointment. Thank you.

Name _____

What is the reason for your visit today? (please tick one or more)

- Referred by the school dental therapist or dentist
- Mum or Dad concerned about your teeth or bite
- You are concerned about your teeth or bite

Smile and teeth appearance: what do you not like about your teeth?

Smile and facial appearance: what do you not like about your smile or facial appearance?

Details of any previous orthodontic treatment or orthodontic opinions?

Do you have any discomfort with your teeth or jaws? Yes / No

Have you been advised of any missing or extra teeth? Yes / No

Do you currently suck your finger or thumb? Yes / No

Have you had any significant trauma to your baby or adult teeth? Yes / No

Do you have any questions or information that may be helpful to us?
