



Adult Patient Information Form

You can fill this in before your first orthodontic appointment. Leave any question you are unsure about blank and we will go through it together.

Personal details

Full name _____
Date of birth _____ Occupation _____
Phone _____ Email _____
Address / city _____
How did you hear about us? _____

Reason for your visit

- | | |
|---|--|
| ☐ Crowded teeth | ☐ Jaw joint pain / clicking |
| ☐ Gaps between teeth | ☐ Teeth moving after previous treatment |
| ☐ Protruding teeth | ☐ Appearance |
| ☐ Bite problem (deep, open, cross) | ☐ Second opinion |
| Other _____ | |

General health

- Do you have a condition under regular follow-up? (heart, diabetes, blood pressure, thyroid, etc.) ☐ Yes ☐ No
- Do you have a bleeding or clotting disorder? ☐ Yes ☐ No
- Have you taken / do you take medication for osteoporosis or cancer treatment? ☐ Yes ☐ No
- Are you pregnant or planning a pregnancy? ☐ Yes ☐ No
- Do you smoke? ☐ Yes ☐ No
- Have you had surgery in the last 6 months? ☐ Yes ☐ No
- Medications you take regularly _____
- Allergies (medication, latex, nickel, etc.) _____

Dental history

- Have you had orthodontic treatment before? ☐ Yes ☐ No
- Do you clench or grind your teeth? ☐ Yes ☐ No
- Do you have pain, clicking or locking in the jaw joint? ☐ Yes ☐ No
- Have you had gum bleeding or gum disease treatment? ☐ Yes ☐ No
- Do you have implants, bridges or crowns? ☐ Yes ☐ No
- Have you had dental X-rays in the last year? ☐ Yes ☐ No
- Last dental check-up (approximate date) _____

Your expectations and questions

The information on this form is used only for examination and treatment planning and is protected under Turkish data protection law (KVKK No. 6698). Please hand the form in at the clinic.

Date Signature

This document is for general information; always follow your orthodontist's personal instructions. In a medical emergency in Türkiye, call 112.

