

Pre-Evaluation Questionnaire Form

PLEASE COMPLETE FOR HYPOTHETICAL CASE EVALUATION REQUESTS

Please discard **all** previous forms. Please use a **black pen** and **print** when completing this form.
This service is only available to customers of Rideau Orthodontic Mfg. Ltd.

E&OE January 2011

Print Dr's Name: _____

Print Patient's Name: _____

Case Information: New Case Ongoing Case

Patient Information

Patient's Age: _____ D.O.B.: (dd/mm/yy) _____

Gender: Male Female Height _____

Race: White Black Chinese
 Indian Asian Other: _____

*This information is required in order to generate a computerized cephalometric analysis.

Dental Records Provided

Casts: Mx Md Pre-Treatment Current

Wax Bite: Centric Construction

Photographs: Frontal Lateral Airway(Nasal)
 Intraoral Asymmetrical(Grid)

X-rays: Lateral Panorex TMJ
 Frontal Tracings Other

Cephalometric Tracing Required: No Yes

Model Classification

Patient's Left: Class I Class II Class III
 Full tooth 1/2 Tooth

Patient's Right: Class I Class II Class III
 Full Tooth 1/2 Tooth

Space Shortage: Mx - _____ mm Md - _____ mm

Overjet: No Yes _____ mm

Overbite: No Yes _____ %

Airway Examination

Mouth breather: No Yes Snores: No Yes

Are the nostrils well developed: No Yes

Darkness under the eyes: No Yes

Lip Seal: Good Poor Weak Lips: No Yes

Habits: Tongue-thrust Thumb-sucking

Temporomandibular Joint

Headaches: No Yes

Medicated: No Yes

Clicking: No Yes: L R

Popping: No Yes: L R

Locking: No Yes: L R

Max Opening: _____ mm

Trauma: MVA No Yes Other

R	Deviation	L
Lateral Excursion 12mm Left and Right Max Opening: Adult 50 ± 2mm & Child: 54 ± 2mm		

Facial Classification

Facial Profile: Class I Class II Class III

If class III, is their class III in family: No Yes

Facial Height: Ideal Long Short

Please visit www.orthodontic.ca under CASE EVALUATION for **RECORDS REQUIRED**.

Cranial Evaluation

Place a tongue depressor across the arches over the 1st bicuspid area. Photograph **frontal image** of the patient while standing in front of a photo grid.

Do you observe asymmetries of the:

Dental Arches: No Yes-Explain: _____

Ear Level: No Yes-Explain: _____

Eye Level: No Yes-Explain: _____

Shoulder Level: No Yes-Explain: _____

Forward Head Posture: No Yes

Mandibular Plane Angle: Normal Steep

Growth Direction: Normal Deep Open

Maxilla Position: Normal Posterior Anterior

Treatment Prognosis

If Class II or Class III, what problems exist if the casts are held in ideal Class I relationship?

Constricted Mx Incisal Deflection Crossbite

Other: _____

Prognosis of wisdom teeth: Good Poor (explain)

Congenitally missing teeth: No Yes _____

Dental Hygiene: Excellent Fair Poor

Additional Information

What is/are the patient's concern(s)? _____

Do you feel the patient is motivated: Yes No

What is/are the parent's concern(s)? _____

Finances: Excellent Moderate Limited

Your Treatment Objectives

Functional/Fixed Fixed

E-mail address: _____

Office Telephone: (_____) _____ - _____

Office Fax: (_____) _____ - _____