

# Pre-Evaluation Questionnaire

**PLEASE COMPLETE WITH EVERY CASE EVALUATION REQUEST**

Please discard **all** previous forms. Please use a **black pen** and **print** when completing this form.  
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E&OE - Revised May 2010

**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

Arch Analysis (Witzig/Ponts Index): +/- \_\_\_\_\_ 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

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

Visit [www.orthodontic.ca](http://www.orthodontic.ca)

**Cranial Evaluation**

Place a tongue depressor across the arches over the 1<sup>st</sup> 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?

Examples:  Constricted Mx  Incisal Deflection

Other: \_\_\_\_\_

Prognosis of 8's:  Good  Poor (please 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)? \_\_\_\_\_

Financial Situation:  Excellent  Fair  Poor

**Your Treatment Objectives**

Functional/Fixed  Fixed

Dr.'s E-mail address: \_\_\_\_\_

Office Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Office Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_