Welcome To Our Office

We would like to welcome you to our office. Our goal is to make every visit pleasant and educational. We strive to teach good oral care that will enable our patients to have beautiful smiles that will last a lifetime.

Patient's Name _____ Today's Date _____

Nickname _____ Patient email _____

Patient's Birthdate _____ Patient's Age _____ Male _____ Female _____

Home Address _____

Home Phone _____ School _____

Father's Name _____ email _____

Occupation _____ Bus. Phone _____ Cell Phone _____

Place of Employment _____ SS# _____

Mother's Name _____ email _____

Occupation _____ Bus. Phone _____ Cell Phone _____

Place of Employment _____ SS# _____

Parent's Marital Status: married widowed divorced separated single

Step-Parent's names if applicable _____

Person or People Responsible for this account _____

Responsible Party email _____

Orthodontic Coverage? Yes No Insurance Company _____

Insured Name _____ Insured Birthdate _____ SS# _____

Patient's Dentist _____ Patient's Physician _____

Who may we thank for referring you? _____

Name's of Relatives treated in our office _____

Does the patient have a history of any Major Illness? _____

Current Medications _____ Allergies _____

Circle any of the following that the patient has had

Drug Allergies	Heart Murmur	Tuberculosis	Emotional Problems
Asthma	Heart Disease	Diabetes	Speech Problems
Sinusitis	Bleeding Problems	Hepatitis	Frequent Headaches
Cancer	Tonsils Removed	HIV+/AIDS	Hearing Problems
Epilepsy	Adenoids Removed	Nickel Allergy	Latex Allergy

Has there ever been a habit of sucking a finger, thumb, lip or other object?	Yes	No
Does the patient clench or grind their teeth?	Yes	No
Is the patient a mouth breather?	Yes	No
Has the patient ever had an injury to the mouth, teeth, lips or jaws?	Yes	No
Has the patient had any pain, clicking, or tenderness in the jaw joint (TMJ)?	Yes	No
Has the patient had previous orthodontic treatment or a consultation?	Yes	No

Reason for Orthodontic Consultation _____

_____

Are there any questions you would like answered? _____

_____