



Patient Information

| First Name: | | Middle Name: | | Last Name: | | |
|---|---|--------------------|---------------------------|---------------------------------|---------------|--|
| I prefer to be called: | | SEX: | ☐ Male ☐ Fe | male | | |
| What is your chief concern or | reason for seeking Ortho | odontic treatment? | | | | |
| | | | | | | |
| Birth Date: | Age: | Drivers License | Drivers License Number: | | SSN: | |
| Marital Status: Single | ☐ Married | Widowed | Divorced | Separated | Home Phone: | |
| Street Address: | | City: | | State/Province | Zip Code: | |
| Email Address: | | | Cell Phone: | | | |
| Name of Employer: | | | Work Phone: | | | |
| Work Address: | | City: | | State/Province | Zip Code: | |
| Dentist's Name: | | Phone: | | Date o | f Last Visit: | |
| Physician's Name: | | Phor | Phone: | | f Last Visit: | |
| Other Family Members Seen | By Us: | | | | | |
| How did you hear about us? | | | | | | |
| C | • | | | | | |
| Spouse's Information | | | | | | |
| First Name: | • | Middle Name: | | | Last Name: | |
| | Work Phone: | | e Phone: | Cell Pr | | |
| First Name: | Work Phone: | | e Phone: | Cell Pr State/Province | | |
| First Name: Birth Date: | Work Phone: | Hom | e Phone: Employer: | | one: | |
| First Name: Birth Date: Street Address(# Different From Patient) | Work Phone: | Hom | | | one: | |
| First Name: Birth Date: Street Address(If Different From Patient Email Address: | Work Phone: | Hom | | State/Province | one: | |
| First Name: Birth Date: Street Address(If Different From Patient Email Address: Emergency Contact | Work Phone: | Hom | Employer: | State/Province | one: | |
| First Name: Birth Date: Street Address@f Different From Patient Email Address: Emergency Contact Name: | Work Phone: Information Cell Phone: | Hom | Employer: Relation To Yo | State/Province | one: | |
| First Name: Birth Date: Street Address(If Different From Patient Email Address: Emergency Contact Name: Home Phone: | Work Phone: Information Cell Phone: | Hom City: | Employer: Relation To Yo | State/Province | zip Code: | |
| First Name: Birth Date: Street Address(If Different From Patient Email Address: Emergency Contact Name: Home Phone: Home Address: | Work Phone: Information Cell Phone: | Hom City: | Employer: Relation To Yo | State/Province | zip Code: | |
| First Name: Birth Date: Street Address@fDifferent From Patter Email Address: Emergency Contact Name: Home Phone: Home Address: Insurance | Work Phone: Information Cell Phone: | Hom City: | Employer: Relation To Yo | State/Province | zip Code: | |
| First Name: Birth Date: Street Address(If Different From Patient Email Address: Emergency Contact Name: Home Phone: Home Address: Insurance Insurance Co: | Work Phone: Information Cell Phone: Ci | Hom City: | Employer: Relation To Yo | State/Province | zip Code: | |
| First Name: Birth Date: Street Address(If Different From Patient Email Address: Emergency Contact Name: Home Phone: Home Address: Insurance Insurance Co: Group #: | Work Phone: Information Cell Phone: Ci | Hom City: ty: | Employer: Relation To Yo | State/Province u: ee/Province | zip Code: | |

Medical History

Signature: ___

| Do you currently feel healthy? | | | | | ☐ Yes | ☐ No |
|--|------------------|--|--|--|---|--|
| Have you ever been evaluated or had orthodo | ☐ Yes | ■ No | | | | |
| Have you been informed of any missing or extra permanent teeth? | | | | | | ■ No |
| Have you experienced problems with previous | ☐ Yes | ☐ No | | | | |
| Have you ever had any pain / tenderness in yo | ☐ Yes | ■ No | | | | |
| Has your jaw ever clicked, popped or locked? | ☐ Yes | ■ No | | | | |
| Have you noticed your teeth shifting or a chan- | ☐ Yes | ■ No | | | | |
| Do you have frequent headaches? | | ☐ Yes | ■ No | | | |
| Do you still have your wisdom teeth? | | ☐ Yes | ☐ No | | | |
| Have there been any injuries to your face, mou | | ☐ Yes | ■ No | | | |
| Do you need to be premedicated before denta | | ☐ Yes | ☐ No | | | |
| Have adenoids or tonsils been removed? | | ☐ Yes | ☐ No | | | |
| Do you brush your teeth daily? | ☐ Yes | ☐ No | | | | |
| Do your gums bleed? | | ☐ Yes | ☐ No | | | |
| Are you taking fluoride supplements? | | | | | ☐ Yes | ☐ No |
| Females: Do you take birth control pills? | | | | | ☐ Yes | ☐ No |
| Females: Are you pregnant? | | | | | ☐ Yes | ☐ No |
| | | | | | | |
| Please list all medications that you are currently | y taking: | | | | | |
| Are you Allergic to any of the following? | Aspirin | | Any Metal | ☐ Plastic | Codeine | |
| | ☐ Dental Anesthe | etics | ☐ Erythromycin | ☐ Latex | Penicillin | |
| | ☐ Tetracycline | 01.00 | Sulfa Drugs | Other | None | |
| | retracycline | | Sulla Diugs | _ Other | None | |
| Please list any other Allergies that you have: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | T1 1 | OL | | 1 1 /D::: |
| Do you now have or have you had any of the f | ollowing habits? | ☐ Tong | ue Thrust | ☐ Clenching/Grinding Teet | th Lip S | Sucking/Biting |
| Do you now have or have you had any of the f | ollowing habits? | | ue Thrust ch Problems | ☐ Clenching/Grinding Teet☐ Mouth Breather | th Lip S | |
| Do you now have or have you had any of the f | ollowing habits? | ☐ Spee | ch Problems | Mouth Breather | | |
| | ollowing habits? | | ch Problems | _ | | |
| Please list any other Habits that you have: | ollowing habits? | ☐ Spee | ch Problems | Mouth Breather | | |
| | ollowing habits? | ☐ Spee | ch Problems | Mouth Breather | | |
| | ollowing habits? | ☐ Spee | ch Problems | Mouth Breather | | |
| Please list any other Habits that you have: | | ☐ Spee | ch Problems | Mouth Breather | | |
| | | ☐ Spee | ch Problems | Mouth Breather | | |
| Please list any other Habits that you have: | ollowing? | ☐ Spee | ch Problems | ☐ Mouth Breather ☐ None | | Biting |
| Please list any other Habits that you have: Do you now have or have you had any of the f | ollowing? | ☐ Spee | r r d/Artificial Heart Valve | ☐ Mouth Breather ☐ None | ☐ Nail | Biting |
| Please list any other Habits that you have: Do you now have or have you had any of the f Allergies | ollowing? | ☐ Spee☐ Othe | r r d/Artificial Heart Valve | ☐ Mouth Breather ☐ None | □ Nail | Biting |
| Please list any other Habits that you have: Do you now have or have you had any of the f Allergies Abnormal/Bleeding Disorders Any Hospital Stays | ollowing? | □ Spee □ Othe □ Damagee □ Diabetes □ Handicap | r d/Artificial Heart Valve | ☐ Mouth Breather ☐ None | ☐ Nail ☐ Nail ☐ Kidney Problems ☐ Measles ☐ Mononucleosis | Biting |
| Please list any other Habits that you have: Do you now have or have you had any of the f Allergies Abnormal/Bleeding Disorders Any Hospital Stays Astma | ollowing? | ☐ Spee ☐ Othe ☐ Damagee ☐ Diabetes ☐ Hearing | cch Problems r d/Artificial Heart Valve ps/Disabilities mpairment | ☐ Mouth Breather ☐ None | ☐ Nail ☐ Nail ☐ Kidney Problems ☐ Measles ☐ Mononucleosis ☐ Psychological Co | Biting |
| Please list any other Habits that you have: Do you now have or have you had any of the f Allergies Abnormal/Bleeding Disorders Any Hospital Stays Astma Cancer | ollowing? | Damaged Diabetes Handicap Hearing | ch Problems d/Artificial Heart Valve ps/Disabilities mpairment rmur | ☐ Mouth Breather ☐ None | Kidney Problems Measles Mononucleosis Psychological Co | Biting |
| Please list any other Habits that you have: Do you now have or have you had any of the f Allergies Abnormal/Bleeding Disorders Any Hospital Stays Astma Cancer Canker Sores | ollowing? | Damager Diabetes Handicap Heart Mu Hemoph | d/Artificial Heart Valve bs/Disabilities mpairment rmur | ☐ Mouth Breather ☐ None | Kidney Problems Measles Mononucleosis Psychological Cd Rheumatic/Scarl Skin Rash | Biting Sounseling et Fever |
| Please list any other Habits that you have: Do you now have or have you had any of the f Allergies Abnormal/Bleeding Disorders Any Hospital Stays Astma Cancer Canker Sores Cardiovascular Disease | ollowing? | Damagee Diabetes Handicap Heart Mu Hemoph Hepatitis | d/Artificial Heart Valve bs/Disabilities mpairment rmur lia //Liver Problems | ☐ Mouth Breather ☐ None | Kidney Problems Measles Mononucleosis Psychological Co Rheumatic/Scarl Skin Rash Tuberculosis (TB | Biting Sunseling et Fever |
| Please list any other Habits that you have: Do you now have or have you had any of the f Allergies Abnormal/Bleeding Disorders Any Hospital Stays Astma Cancer Canker Sores Cardiovascular Disease Chicken Pox | ollowing? | Damaged Diabetes Handicap Heart Mu Hemoph Hepatitis High Bloo | d/Artificial Heart Valve bs/Disabilities mpairment rmur | ☐ Mouth Breather ☐ None | Kidney Problems Measles Mononucleosis Psychological Co Rheumatic/Scarl Skin Rash Tuberculosis (TB Tumors/Growths | Biting Sunseling et Fever |
| Please list any other Habits that you have: Do you now have or have you had any of the formula and any of the for | ollowing? | Damaged Diabetes Handicap Heart Mu Hemoph Hepatitis High Blod | d/Artificial Heart Valve bs/Disabilities mpairment rmur lia /Liver Problems od Pressure | ☐ Mouth Breather ☐ None | Kidney Problems Measles Mononucleosis Psychological Co Rheumatic/Scarl Skin Rash Tuberculosis (TB | Biting Sunseling et Fever |
| Please list any other Habits that you have: Do you now have or have you had any of the f Allergies Abnormal/Bleeding Disorders Any Hospital Stays Astma Cancer Canker Sores Cardiovascular Disease Chicken Pox | ollowing? | Damaged Diabetes Handicap Heart Mu Hemoph Hepatitis High Bloo | d/Artificial Heart Valve bs/Disabilities mpairment rmur lia /Liver Problems od Pressure | ☐ Mouth Breather ☐ None | Kidney Problems Measles Mononucleosis Psychological Co Rheumatic/Scarl Skin Rash Tuberculosis (TB Tumors/Growths | Biting Sunseling et Fever |
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| Please list any other Habits that you have: Do you now have or have you had any of the factorial of the fac | ollowing? | Damaged Diabetes Handicap Heart Mu Hemoph Hepatitis High Blod Hives HIV+/AID | d/Artificial Heart Valve bs/Disabilities mpairment rmur lia /Liver Problems bd Pressure | Mouth Breather None | Nail Nail | Biting Sounseling et Fever |
| Please list any other Habits that you have: Do you now have or have you had any of the factorial control of the factoria | ollowing? | Damager Diabetes Handicap Heart Mu Hemoph Hepatitis High Blor Hives HIV+/AID | d/Artificial Heart Valve bs/Disabilities mpairment rmur lia /Liver Problems bd Pressure S | Mouth Breather None Page 18 | Nail Nail | Biting Sounseling et Fever |
| Please list any other Habits that you have: Do you now have or have you had any of the factorial Allergies Abnormal/Bleeding Disorders Any Hospital Stays Astma Cancer Canker Sores Cardiovascular Disease Chicken Pox Cold Sores/Fever Blisters Convulsions/Epilepsy Our office is committed to meeting or exceeding credit status prior to extending credit for treatments. | ollowing? | Damagee Diabetes Heart Mu Hemoph Hepatitis High Blod Hives HIV+/AID | d/Artificial Heart Valve bs/Disabilities mpairment rmur lia //Liver Problems bd Pressure S strol mandated by OS I have given is corre | Mouth Breather None BHA, the CDC and the ADA. Word to the best of my knowledge | Kidney Problems Measles Mononucleosis Psychological Co Rheumatic/Scarl Skin Rash Tuberculosis (TB Tumors/Growths Ulcers None Vereserve the right to we let it will be held in the | Biting Sounseling et Fever) 'erify the strictest |
| Please list any other Habits that you have: Do you now have or have you had any of the factorial control of the factoria | ollowing? | Damagee Diabetes Heart Mu Hemoph Hepatitis High Blod Hives HIV+/AID | d/Artificial Heart Valve bs/Disabilities mpairment rmur lia //Liver Problems bd Pressure S strol mandated by OS I have given is corre | Mouth Breather None BHA, the CDC and the ADA. Word to the best of my knowledge | Kidney Problems Measles Mononucleosis Psychological Co Rheumatic/Scarl Skin Rash Tuberculosis (TB Tumors/Growths Ulcers None Vereserve the right to we let it will be held in the | Biting Sounseling et Fever) 'erify the strictest |

Date: ___