



TELL US ABOUT YOUR CHILD

Child's Name: _____

Gender: _____ Birth date: ____/____/____ Age: ____

School: _____ Grade: ____

Hobbies: _____

Child's Home Address: _____

Phone Number: _____

Siblings: _____

Have they been treated in our office? Yes ____ No ____

General Dentist: _____

Last Visit Date: _____

Parent's Marital Status: _____

WHAT ARE YOUR MAIN CONCERNS?

Has the child been seen by another orthodontist?

Yes ____ No ____

Have there been injuries to the face/jaw/mouth/teeth?

Yes ____ No ____

List any musical instruments played: _____

Does your child brush daily? Yes ____ No ____

Does your child floss daily? Yes ____ No ____

PATIENT MEDICAL HISTORY

Y N Tuberculosis

Y N Asthma

Y N Diabetes

Y N Hepatitis

Y N HIV or AIDS

Y N Rheumatic Fever

Y N Abnormal Bleeding

Y N Epilepsy

Y N Tonsils Removed

Y N Adenoids Removed

Y N Latex Allergy

Y N Allergies

Y N Heart Problems

Y N Emotional Problems

Y N Cancer

Y N Dialysis/Transplant/Hospitalization

If Yes, please describe: _____

Physician Name: _____

List drug allergies: _____

List current medications: _____

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING HABITS?

Y N Clenching/Grinding Teeth

Y N Lip Sucking/Biting

Y N Mouth Breather

Y N Nail Biting

Y N Speech Problems

Y N Thumb/Finger Sucking

Y N Tongue Thrust

MOTHER'S INFORMATION (OR GUARDIAN)

Name _____

Birth Date: ____/____/____

Work # _____

Home # _____

Cell Phone # _____

Email: _____

Address: _____

Employer: _____

PRIMARY ORTHODONTIC INSURANCE

Orthodontic Coverage? Yes ____ No ____

Insurance Co. Name: _____

Address: _____

Ins Phone #: _____

Group #: _____

Policy Owner's Name: _____

Relationship to Patient: _____

Policy Holder's Birth Date: ____/____/____

Insurance ID # or SS #: _____

Policy Holder's Employer: _____

SECONDARY ORTHODONTIC INSURANCE

Orthodontic Coverage? Yes ____ No ____

Insurance Co. Name: _____

Address: _____

Ins Phone #: _____

Group #: _____

Policy Owner's Name: _____

Relationship to Patient: _____

Policy Holder's Birth Date: ____/____/____

Insurance ID # or SS #: _____

Policy Holder's Employer: _____

FATHER'S INFORMATION (OR GUARDIAN)

Name _____

Birth Date: ____/____/____

Work # _____

Home # _____

Cell Phone # _____

Email: _____

Address: _____

Employer: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____