PATIENT INFORMATION FORM

Today's date _____

Adult

YOUR NAME	AGE SEX	NAME TO USE WHEN ADDRESSING YOU
last first middle		

YOUR ADDRESS	HOME PHONE
street city state zip code	MOBILE PHONE

SOCIAL SECURITY NUMBER : DATE OF BIRTH : E-MAIL :

PERSON RESPONSIBLE FOR ACCOUNT	ADDRESS	RELATIONSHIP TO YOU
WHO MAY WE THANK FOR REFERRING YOU?	YOUR DENTIST	DATE OF LAST EXAMINATION

MARITAL STATUS: ❒ MARRIED ❒ SINGLE ❒ WIDOWED ❒ SEPARATED ❒ DIVORCED

PLACE OF EMPLOYMENT	POSITION HELD	BUSINESS PHONE NUMBER
SPOUSE'S PLACE OF EMPLOYMENT	POSITION HELD	BUSINESS PHONE NUMBER

DENTAL INFORMATION

HAVE YOU HAD PREVIOUS ORTHODONTIC TREATMENT? NO ❒ YES ❒ IF YES, PLEASE EXPLAIN

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HAVE WE TREATED ANYONE ELSE IN YOUR FAMILY? NO ❒ YES ❒ NAMES? .....
HAVE THERE BEEN ANY INJURIES TO THE JAWS OR TEETH? NO ❒ YES ❒ .....
ANY PAIN IN OR NEAR THE EARS? NO ❒ YES ❒
ANY CLICKING, POPPING OR DISCOMFORT OF THE JAW OR JAW JOINT? NO ❒ YES ❒
DO YOUR GUMS EVER BLEED? NO ❒ YES ❒
HAVE YOU EVER BEEN TREATED FOR ANY GUM PROBLEMS? NO ❒ YES ❒
WHAT ARE YOUR ORTHODONTIC NEEDS?

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MEDICAL INFORMATION

YOUR PHYSICIAN: .....
ARE YOU IN GOOD HEALTH? NO ❒ YES ❒
ARE YOU CURRENTLY UNDER A PHYSICIAN'S CARE? NO ❒ YES ❒ EXPLAIN .....

DO YOU HAVE A HISTORY OF ANY MAJOR ILLNESSES? NO ❒ YES ❒ EXPLAIN .....

Check any of the following for which you have been treated:

PROLONGED BLEEDING	❒	ANEMIA	❒	TUBERCULOSIS	❒
LIVER INVOLVEMENT	❒	DIABETES	❒	HEPATITIS	❒
PNEUMONIA	❒	ASTHMA	❒	HIV / AIDS	❒
KIDNEY INVOLVEMENT	❒	EPILEPSY	❒	BONE DISORDERS	❒
ENDOCRINE PROBLEMS	❒	RHEUMATIC FEVER	❒	LATEX ALLERGIES	❒
NERVOUS DISORDER	❒	HEART TROUBLE / MURMUR	❒	OTHER ALLERGIES	❒

DO YOU NEED TO BE PREMEDICATED PRIOR TO ANY DENTAL PROCEDURES? NO ❒ YES ❒ EXPLAIN .....

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ARE YOU CURRENTLY TAKING ANY DRUGS OR MEDICATION? NO ❒ YES ❒ EXPLAIN .....

ANY ALLERGIES OR SENSITIVITY TO DRUGS, METALS OR LATEX? NO ❒ YES ❒ EXPLAIN .....

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HAVE TONSILS ❒ OR ADENOIDS ❒ BEEN REMOVED? NO ❒ YES ❒ AT WHAT AGE? .....

Please remember that your insurance coverage is a contract between you and the insurance company. We will assist in securing reimbursement due you, but you will be responsible for services rendered by this office.

11/03