PATIENT INFORMATION FORM

Today's date _____

Child

PATIENT'S NAME	AGE SEX	NAME TO USE WHEN ADDRESSING PATIENT
last first middle		
PATIENT'S ADDRESS		HOME PHONE
street city state zip code		DATE OF BIRTH

PERSON RESPONSIBLE FOR ACCOUNT	ADDRESS	RELATIONSHIP TO PATIENT
SOCIAL SECURITY NUMBER	MOBILE PHONE	E-MAIL :
WHO MAY WE THANK FOR REFERRING YOU?	PATIENT'S DENTIST	DATE OF LAST EXAMINATION

PARENT'S MARITAL STATUS: ❒ MARRIED ❒ SINGLE ❒ WIDOWED ❒ SEPARATED ❒ DIVORCED

MOTHER'S NAME	MOTHER'S ADDRESS	HOME PHONE : BUSINESS PHONE :
FATHER'S NAME	FATHER'S ADDRESS	HOME PHONE : BUSINESS PHONE :

Where does patient attend school? ..... Grade : .....

D E N T A L I N F O R M A T I O N

HAS PATIENT 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 ❒

WHAT IS THE PARENT'S OR PATIENT'S MAIN CONCERN? .....

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M E D I C A L I N F O R M A T I O N

PATIENT'S PHYSICIAN: .....

IS PATIENT IN GOOD HEALTH? NO ❒ YES ❒

IS PATIENT CURRENTLY UNDER A PHYSICIAN'S CARE? NO ❒ YES ❒ EXPLAIN .....

DOES PATIENT HAVE A HISTORY OF ANY MAJOR ILLNESSES? NO ❒ YES ❒ EXPLAIN .....

Check any of the following for which the patient has 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	❒

DOES PATIENT NEED TO BE PREMEDICATED PRIOR TO ANY DENTAL PROCEDURES? NO ❒ YES ❒ EXPLAIN .....

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IS PATIENT 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