

Today's Date \_\_\_\_\_ **Confidential PATIENT Information**

Patient's Name \_\_\_\_\_  
First MI Last  
Address \_\_\_\_\_  
Street City State Zip  
Home Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_  
If patient is a minor, give parent's or guardian's name \_\_\_\_\_  
Whom may we thank for referring you to our office? \_\_\_\_\_

**Confidential Responsibility Party Information**

Resp Party Name \_\_\_\_\_ Marital Status \_\_\_\_\_  
First MI Last  
Residence \_\_\_\_\_  Own  Rent  
Street City State Zip  
Mailing Address \_\_\_\_\_  
Street City State Zip  
How long at this address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Previous Address (if less than 3 yrs.) \_\_\_\_\_  
Street City State Zip  
Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Social Security # \_\_\_\_\_ Birthdate \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ No. Years Employed \_\_\_\_\_  
**Spouse's Name** \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
First MI Last  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ No. Years Employed \_\_\_\_\_  
Social Sec # \_\_\_\_\_ Birthdate \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Dental Insurance Information**

Policy Holder's Name \_\_\_\_\_ and Soc.Sec. # \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Group No. \_\_\_\_\_ ID \_\_\_\_\_  
Insurance Co. Address \_\_\_\_\_ Insurance Co. Phone \_\_\_\_\_  
Policy Holder's Employer \_\_\_\_\_ Birthdate \_\_\_\_\_  
Do you have dual coverage? No  Yes  If yes complete the following:  
Policy Holder's Name \_\_\_\_\_ and Soc. Sec. # \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Group No. \_\_\_\_\_ ID \_\_\_\_\_  
Insurance Co. Address \_\_\_\_\_ Insurance Co. Phone \_\_\_\_\_  
Policy Holder's Employer \_\_\_\_\_ Birthdate \_\_\_\_\_

**Emergency Information**

Name of nearest relative not living with you \_\_\_\_\_  
Complete Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

I understand that where appropriate, credit bureau reports may be obtained.

Signature (Parent's signature if minor) \_\_\_\_\_



### Patient Medical History

Medical Physician \_\_\_\_\_ Phone \_\_\_\_\_ Last Visit Date \_\_\_\_\_

Please check any of the following conditions the patient has now, or has had in the past:

Emphysema \_\_\_\_\_ Tuberculosis \_\_\_\_\_ Hepatitis A \_\_\_\_\_

Scarlet Fever \_\_\_\_\_ Herpes \_\_\_\_\_ Hepatitis B \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_ Diabetes \_\_\_\_\_ Hepatitis C \_\_\_\_\_

AIDS/HIV \_\_\_\_\_ Drug Allergies \_\_\_\_\_

Latex Allergy \_\_\_\_\_ Plastic Allergy \_\_\_\_\_ Metal Allergy \_\_\_\_\_

Hemophilia \_\_\_\_\_ Bleeding Disorder \_\_\_\_\_ If Yes, details \_\_\_\_\_

Heart Murmur \_\_\_\_\_ If Yes, is pre-medication required? \_\_\_\_\_

Heart Problems \_\_\_\_\_ If Yes, details \_\_\_\_\_

Siezures \_\_\_\_\_ If Yes, details and date of last siezure \_\_\_\_\_

Nasal Problems or Allergies \_\_\_\_\_ Medications for this? \_\_\_\_\_

Other Allergies \_\_\_\_\_

Current Medication and reason for taking \_\_\_\_\_

Currently taking osteoporosis medication, or have in past? \_\_\_\_\_ If yes, what and when \_\_\_\_\_

Other Health Concerns \_\_\_\_\_

Learning or Developmental Concerns \_\_\_\_\_

Is there anything else about the patient's health you would like us to know? \_\_\_\_\_

### Patient Dental History

Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Date of Last Visit \_\_\_\_\_

Has the patient ever had in injury to the teeth, face, head, or neck? \_\_\_\_\_ If Yes, please explain \_\_\_\_\_

Has the patient ever experienced jaw joint pain, discomfort, or noises? \_\_\_\_\_

Does the patient have finger or thumb sucking habit now? \_\_\_\_\_ In past? \_\_\_\_\_

Have the patient's tonsils or adenoids been removed? \_\_\_\_\_

Has the patient ever been evaluated for orthodontic treatment? \_\_\_\_\_

Has anyone else in the patient's family had orthodontic treatment? \_\_\_\_\_

List family members in treatment at our office \_\_\_\_\_

**\*\*What are the chief concerns that bring you to our office? \_\_\_\_\_**

Is there any other information you would like us to have? \_\_\_\_\_