

Computer ID # \_\_\_\_\_

Date \_\_\_\_\_



Name \_\_\_\_\_ Goes by \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex M F  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Dad's Name \_\_\_\_\_ Mom's Name \_\_\_\_\_ Marital Status: S M W D  
 Bus. Address/Phone Dad \_\_\_\_\_  
 Bus. Address/Phone Mom \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Confirm Appnts.# \_\_\_\_\_  
 Person Financially Responsible \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address (if different) \_\_\_\_\_ SS# \_\_\_\_\_ DL# \_\_\_\_\_  
 Referred by \_\_\_\_\_ Dentist \_\_\_\_\_ Physician \_\_\_\_\_  
 School/Grade \_\_\_\_\_ Sports/Interests/Musical Instruments \_\_\_\_\_

### ORTHODONTIC INFORMATION

Reason For Orthodontic Consultation \_\_\_\_\_  
 Previous Treatment - Patient Or Others In Family: Yes \_\_\_\_\_ No \_\_\_\_\_  
 What Do You Consider To Be The Main Benefits Of Orthodontic Correction?  
 Cosmetic \_\_\_\_\_ Functional \_\_\_\_\_ Psychological/Emotional \_\_\_\_\_ Other \_\_\_\_\_  
 Is Patient Self-Conscious Of His/Her Teeth? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Patient's Attitude Toward Orthodontic Treatment: Enthusiastic \_\_\_\_\_ Indifferent \_\_\_\_\_ Resentful \_\_\_\_\_  
 Expected Patient Cooperation: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

### MEDICAL HISTORY

Patient Size: Average \_\_\_\_\_ Large \_\_\_\_\_ Small \_\_\_\_\_ Onset of Puberty Yes \_\_\_\_\_ No \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Father's Height \_\_\_\_\_ Mother's Height \_\_\_\_\_ Adopted \_\_\_\_\_ Natural Child \_\_\_\_\_  
 Present State of Health Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_  
 Currently Under Physician's Care Yes \_\_\_\_\_ No \_\_\_\_\_ Why? \_\_\_\_\_  
 Currently Taking Medication Yes \_\_\_\_\_ No \_\_\_\_\_ Why? \_\_\_\_\_  
 Patient History Of:  
 Accidents  Scarlett Fever  Asthma  Headaches  
 Emotional Disorders  Hearing Problems  Bleeding Disorders  Tuberculosis  Glaucoma  
 Speech Problem  Facial Operations  Allergies  Hospitalization  Cancer  
 Accidents to Face  Rheumatic Fever  Hepatitis  Heart Trouble  Other  
 H.I.V. Positive (AIDS)  Latex (Rubber) Sensitivity  Mitral Valve Prolapse  Artificial Joints  
 Serious Illness Other Than Usual Childhood Disorders: \_\_\_\_\_  
 Is Patient Under Psychological Guidance? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Mental Development: Above Average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

### DENTAL HISTORY

Date of Last Dental Exam \_\_\_\_\_ Have Full Mouth X-Rays Been Taken? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Oral Hygiene Habits: Do You Floss regularly? \_\_\_\_\_ Do Your Gums Bleed? \_\_\_\_\_ Snoring \_\_\_\_\_  
 Do You Clench Your Teeth? \_\_\_\_\_ Do You Grind Your Teeth? \_\_\_\_\_ Mouth Breathing \_\_\_\_\_  
 Is There Any Hereditary Background (familial tendency) Which Might Contribute To This Orthodontic Problem? \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_