

1 Patient Information

Date: _____ DOB: _____ Age: _____ Sex: M / F
 Patient's Name: _____
Last First MI
 Address: _____
City State Zip
 Hm #: _____ Cell#: _____
 Pt. Email: _____
 Dentist, City: _____
 School: _____
 Hobbies: _____
 List Siblings with age: _____
 Your name & relationship to patient: _____
 Whom may we thank for referring you? _____

2 Patient Dental History

What are the main concerns you would like orthodontics to accomplish? _____

Have you ever been evaluated for orthodontics? Y N
 Do you like your smile? Y N
 Ever had serious problems with previous dental work? Y N
 Do you have any missing or extra permanent teeth? Y N
 Ever had, or have, pain or discomfort in the jaw joint? Y N
 Your current dental health is: Good Fair Poor
 Have you ever had an injury to your: Mouth Teeth Chin
 Circle any of the following that is or has ever been true of you:
 Thumb Sucking Smoker
 Nail Biting Gums Bleed / Itch
 Tongue Sucking / Thrusting Mouth Breather
 Lip Sucking / Biting Speech Problems
 Only Chew on One Side Taken Phen-Fen
 Hurts to Chew Adenoids or tonsils removed
 When was your last dental visit? _____

3 Responsible Party Information
 (If different from Section 1)

Name: _____
 Relation: _____ DOB: _____
 Billing Address: _____
City State Zip
 Wk #: _____ Cell#: _____
 Rsp. Email*: _____
 Occupation: _____
 Employer: _____ Yrs: _____
 Spouse Name: _____
 Relation: _____ DOB: _____
 Wk #: _____ Cell#: _____
 Occupation: _____
 Employer: _____ Yrs: _____

4 Insurance Information

Insured Name: _____
 Relationship to patient: _____
 DOB: _____ SS#: _____
 Insured's Employer: _____
 Ins. Company: _____
 Group No. _____
 Ins. Address: _____
 Ins. Phone: _____
 Do you have dual coverage? Y / N
 Insured Name: _____
 Relationship to patient: _____
 DOB: _____ SS#: _____
 Insured's Employer: _____
 Ins. Company: _____
 Group No. _____
 Ins. Address: _____
 Ins. Phone: _____

5 Emergency Information

Name of nearest relative or neighbor: _____
 Relation: _____ Ph #: _____
 Address: _____
City State Zip

*Primary email notification