

WELCOME!

Child's Name _____ Date _____
(Last) (First) (Called by)

Date of Birth _____ Age _____ School _____ Grade _____ Height _____ Weight _____

Address _____ Phone _____
(Street address) (City) (State) (Zip code)

List brothers/sisters with ages: _____

Father's Name _____ Address (if different) _____
Work # _____ Cell # _____ E-mail _____

Mother's Name _____ Address (if different) _____
Work # _____ Cell # _____ E-mail _____

Child's Sex: M F Parent's Marital Status: Married ___ Divorced ___ Separated ___ Widowed ___ Single ___

Dentist _____ Physician _____
Referred by: _____ Child's hobbies: _____

Person responsible for this account _____ Relationship _____
Employer _____ Social Security Number: _____
Home Address (if other than parent) _____
Work # _____ Cell # _____

Has your child ever had any of the following medical problems? Please circle response and comment below.

Y	N	Rheumatic Fever	Y	N	Allergy to latex/metal/drugs/food
Y	N	Diabetes	Y	N	Eating disorder
Y	N	Epilepsy/Seizures	Y	N	Mental/Behavior Problem
Y	N	Tuberculosis (TB)	Y	N	Operations/Have you ever been hospitalized
Y	N	Congenital Heart Defect/Heart Murmur	Y	N	Handicaps/Disabilities
Y	N	Sinus Problems	Y	N	Asthma
Y	N	Cancer	Y	N	Recurrent tonsillitis/Tubes in ears
Y	N	Hemophilia/Bleeding Disorder	Y	N	Tonsils or Adenoids Removed
Y	N	Hepatitis	Y	N	Injuries to face, mouth, teeth, chin
Y	N	HIV +/-AIDS	Y	N	Any missing/extra/impacted teeth
Y	N	Attention Deficit Disorder (A.D.D)	Y	N	Girls: Is child pregnant?
Y	N	Substance Abuse/Addiction	Y	N	Girls: Have menstrual periods begun? When? _____

Please discuss any medical problems your child has: _____

Please list any medications your child is currently taking: _____

Has your child ever been examined or treated by another orthodontist? _____
When and by whom? _____

Does your child have any of the following?

Y	N	Speech Problems	Y	N	Thumb/Finger Sucking (previous/now)
Y	N	Snoring	Y	N	Special blanket/pillow/stuffed animal
Y	N	Clenching/Grinding teeth	Y	N	Tongue Thrust
Y	N	Mouth Breathing	Y	N	Pain/tenderness in jaw (TMJ)/headaches

What do you think is wrong with your child's teeth? _____

PARENT/GUARDIAN SIGNATURE