CHILD Patient Information

Date _____ ☐ Male ☐ Female

Patient's Name _____ Birthdate _____

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

If patient is a minor, give parent's or guardian's names _____

Referred By _____ Family Dentist _____

E-mail Address _____ School _____

Responsible Party Information

Father's Name _____
First Middle Last

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Position _____ SSN _____

Mother's Name _____
First Middle Last

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Position _____ SSN _____

Insurance Information

Insured's Name _____ Insured's Social Security # _____

Insurance Company _____ Group No. _____ Birthdate _____

Insurance Co. Address _____ Phone _____

Insured's Employer _____

Do you have dual coverage? Yes ☐ No ☐ If yes:

Insured's Name _____ Insured's Social Security # _____

Insurance Company _____ Group No. _____ Birthdate _____

Insurance Co. Address _____ Phone _____

Insured's Employer _____

Emergency Information

Name of nearest relative not living with you _____

Address _____

Phone _____

When applicable, credit bureau reports may be obtained.

Signature (Parent's signature if minor) _____

A. What are the patient's or parent's main concerns regarding the jaws and teeth?
- ❒ Crowding
- ❒ Over-bite
- ❒ "Buck" teeth
- ❒ Receded jaw
- ❒ Prominent Jaw
- ❒ Gummy smile
- ❒ Spaces
- ❒ Gum disease/recession
- ❒ Missing teeth
- ❒ Jaw dysfunction
- ❒ Mouth too small
- ❒ Clicking jaw joint
- ❒ Irregularly shaped teeth
- ❒ Protrusion of teeth
- ❒ Ringing/stuffiness of ears
- ❒ Headaches/facial pain
- ❒ Neck pain
- ❒ Jaw pain
- ❒ Irregular facial proportions
- ❒ Other

B. Other family members with similar orthodontic condition?
❒ Father ❒ Mother ❒ Brother
❒ Sister ❒ Other

C. MEDICAL/DENTAL HISTORY

1. Present health	Good	Fair	Poor
a. Physical	❒	❒	❒
b. Emotional	❒	❒	❒

2. Has the patient ever had any of the following conditions?
- ❒ Allergies
- ❒ Arteriosclerosis
- ❒ Asthma
- ❒ Autoimmune disorder (HIV)
- ❒ Blood disease
- ❒ High blood pressure
- ❒ Low blood pressure
- ❒ Bone disorders
- ❒ Cancer
- ❒ Diabetes
- ❒ Dizziness
- ❒ Epilepsy
- ❒ Endocrine problems
- ❒ Emotional problems
- ❒ Female problems
- ❒ Hepatitis
- ❒ Heart disease
- ❒ Hearing disorder

(Continued in column 2)

- ❒ Kidney disease
- ❒ Rheumatic fever
- ❒ Ringing of ears
- ❒ Sleep disturbance
- ❒ Received trauma (teeth, face, jaws, or head)

D. MEDICATIONS: Current medications taken by the patient:
- ❒ Heart pills (digitalis, etc.)
- ❒ Antibiotics
- ❒ Pain pills (demerol, codeine, etc.)
- ❒ Vitamins
- ❒ Sleeping pills
- ❒ Muscle relaxants
- ❒ Insulin
- ❒ OTHER

E. ALLERGIES TO MEDICATION/FOOD: The patient demonstrates an allergic response to: _____

_____

F. The following are also of interest to the orthodontist. Does the patient

1. Snore when sleeping? Yes ❒ No ❒

2. Breathe through the mouth? (mouth breather rather than a nose breather)
- ❒ Seldom
- ❒ Sometimes
- ❒ Usually

	Yes	No
3. Have frequent sore throats or tonsillitis?	❒	❒
4. Have difficulty swallowing?	❒	❒
5. Have difficulty chewing?	❒	❒
6. Have pain in the jaw joint?	❒	❒
7. Have clicking in jaw joint?	❒	❒
8. Have speech problems?	❒	❒

G. The following habits are of interest to the orthodontist:

1. Thumb sucking
- ❒ Never
- ❒ Previous
- ❒ Presently

2. Finger sucking
- ❒ Never
- ❒ Previous
- ❒ Presently

	Yes	No
3. Grinding of teeth?	❒	❒
4. Tongue thrusting?	❒	❒
5. Other habits?	❒	❒

H. PATIENT'S ATTITUDE TOWARD TEETH, FACE, AND ORTHODONTIC TREATMENT:

1. Dental checkups
- ❒ Twice a year
- ❒ Once a year
- ❒ Only if urgent
- ❒ Never

2. Patient's interest in orthodontic treatment:
- ❒ Wants treatment
- ❒ Treatment if necessary
- ❒ Unwilling but agrees
- ❒ Uncooperative

3. Orthodontic consultation prompted by:

_____

_____

4. Has the patient had previous orthodontic consultation or treatment?
Yes ❒ No ❒

5. Has the patient had any unusual dental experiences?
Yes ❒ No ❒

6. Are there any medical,dental, or surgical problems not covered above?
Yes ❒ No ❒

DOCTOR'S NOTES: **CHILD'S**