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Confidential Patient Information

Patient's Name	_Address			
Email	Schoo	ol		
Birthdate	Home Phone	Cell Phone		
Whom may we thank for referring you	to our office?	General Dentist		
	Confidential Responsib	ole Party Information		
Name		Marital Status		
Residence			Own Rent	
Mailing Address		Email		
How long at this address	Previous Address			
		Cell Phone		
		Relationship to Patient		
Employer	Occupation	No. Year I	Employed	
Nama		Fmail		
Name		Email		
		Cell Phone		
		Relationship to Patient No. Year Employed		
Employer	Occupation			
	Insurance In	formation		
Policy Holder's Name		Social Security #		
Insurance Company	Group No	Phone		
Insurance Co. Address		Policy Holder's Employer		
Do you have dual coverage? No Yo	es 🔲			
Policy Holder's Name		Social Security #		
Insurance Company	Group No	Phone		
Insurance Co. Address		Policy Holder's Employer		
Emergency Information				
Name of nearest relative not living with yo	u			
Complete Address				
Home Phone	Cell Phone	Relationship		
I understand that where appropriate, credit bureau reports will be obtained.				
Signature (Parent's signature if mi	nor)	Updates (date & initial)		

MEDICAL HISTORY

		nDate of Last Visit			
Addres	s			Phone	
		s or No (If Yes, plea	ise fill in details)		
Yes	No	Are you taking any	y medication?		
Yes	No	Are you allergic to	any medication?story of a major illness?		
Yes Yes	No No		operations?		
Yes	No	Have you had any	en involved in a serious accide	unt?	
Yes	No	Have seen a phys	sician in the last 12 months? W	hv?	
100	140	riavo ocom a priyo	Molar III the last 12 months. W	···y ·	
Circle a	any of the	medical conditions	below that you have had or cu	rrently have.	
Abnorr	nal bleedii	ng/Hemophilia	Diabetes	Hepatitis/Liver problems	Pneumonia
Anemia	nia Dizziness Herpes Prolonged			Prolonged	
Bleedir	9				
Arthriti	3		Epilepsy	High Blood Pressure	
۰ مدام ۸			Radiation/Chemotherapy	1 IIV / / A:-I	Dhawaatia Fayar
	a or Hayfe	ver	Gastrointestinal Disorders Heart Problems	HIV / Aids	Rheumatic Fever Tuberculosis
	Disorders nital Heart	Defect	Heart Murmur	Kidney problems Nervous Disorders	Tumor or Cancer
Conge	ıllal i leali	Delect	Heart Mulliu	Nervous Disorders	Turnor or Caricer
Are the	ere any me	edical conditions we	e have not discussed that you f	eel we should be aware of?	
			DENTAL HISTOR	RY	
0				5 . (1	
Genera What a	al Dentist_	ou most about your	teeth?	Date of last visit	
vviiai C	опсетть у	ou most about your	teetii!		
Yes	No	Are you presently	in any dental pain?		
Yes	No	Have you ever exp	perienced any unfavorable rea	ction to dentistry?	
Yes	No	Have you ever los	st or chipped any teeth?	· 	
Yes	No	Have there been a	it or chipped any teeth? any injuries to face, mouth, or t	eeth?	
Yes	No	Is any part of your	mouth sensitive to temperature	re? Where?	
Yes	No	Is any part of your	mouth sensitive to pressure?	Where?	
Yes Yes	No No	Do your gums ble	ed when you brush?type of thumb or tongue habit?		
Yes	No		oreather?		
Yes	No	Have you a mount	en an orthodontist? If yes, who	and when?	
Yes	No	Has anvone in voi	ur family received orthodontic t	reatment?	
Yes	No	Has anyone in your family received orthodontic treatment?			
Yes	No	Are you aware of your jaw clicking or popping?			
Yes	No	Are you aware of clenching your teeth during the day?			
Yes	No		en told that you grind your teet	h?	
Yes	No	•			
Yes	No	Have you ever exp	perienced chronic ringing in yo	ur ears?	
Yes Yes	1				
165	No		ide toward receiving orthodonti		
		Female Patients	only:		
Yes	No	Are you pregnant?	? started?		
Yes	No	Has menstruation	started?		
BENEFITS					
in the a jaws and en Teeth of have refor education office of a comparison.	appearance an intricularged guchange the ead and ucational affany chablete ortho	ce of the teeth, in the cate body part and of the can result. Join roughout our lifetime nderstand this parand promotional puringes in my medical dontic evaluation.	s, Health, and Function. Orthor he general function of the teer can fail to respond to treatment discomfort and root shorten he and there can be some moving agraph. I also understand that poses. I have truthfully answer or dental history. In addition,	th, and in general dental healt t. If good oral hygiene is not p ing are observed in a small prement of teeth and some charmy diagnostic records and my red all the above questions and I authorize Dr.	th. Teeth, gums, and racticed, tooth decay percentage of cases. If the real man and the racticed in the real man and the real