



ORTHODONTIC PATIENT INFORMATION AND HEALTH HISTORY

Welcome to our office. Please fill out both sides of this form.

Patient Name: _____ Age: _____ Birthdate: _____ Sex: _____

Home Address: _____ Nickname: _____

_____ City _____ State _____ Zip Code _____ Home Phone: _____

School: _____ Grade: _____ Hobbies/Sports: _____

Family History

Mother D.O.B. _____ **Father** D.O.B. _____

Name: _____

Address: _____

Phone (Residence): _____

Phone (Business): _____

Place of Employment: _____

Social Security Number: _____

Marital status of parents: (If patient is a child) Married Divorced Separated Not Married

Patient living with: Mother Father Other _____

Other family members seen by us: _____

Siblings (name and age): _____

Is patient adopted? Yes No

Person Responsible for Financial Matters

Name: _____ Phone (Residence): _____

Address: _____ Phone (Business): _____

Relationship to Patient: _____ Place of Employment: _____

Social Security Number: _____

GENERAL DENTIST

FAMILY PHYSICIAN

REFERRED BY

Name: _____

Address: _____

City, State: _____

Medical History Has your child ever had:

- | | | | |
|--------------------------------------|----------------------------|----------------------------------|----------------------------|
| Y N Allergy - Latex ___ Metal ___ | Y N Cold Sores | Y N Head or Face Injury | Y N Mitral Valve Prolapse |
| Y N Anemia | Y N Diabetes | Y N Hemophilia/Abnormal Bleeding | Y N Oral Ulcer |
| Y N Arthritis | Y N Endocrine Problems | Y N Hepatitis | Y N Previous Surgery |
| Y N Artificial Joints/Valves | Y N Emotional Problems | Y N Herpes | Y N Rheumatic Fever |
| Y N Asthma/Difficulty Breathing | Y N Epilepsy/Seizures | Y N HIV Positive | Y N Thyroid Problems |
| Y N Birth Defects/Congenital Defects | Y N Headache/Migraine | Y N Kidney/Liver Disease | Y N Tuberculosis |
| Y N Cancer | Y N Heart Condition/Murmur | | Y N Other (Describe Below) |

Comments: _____

Has the patient been under the care of a physician during the past two years, other than for routine examination? No Yes

Condition: _____

