ORTHODONTIC STUDIO

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Orthodontist

Orthodontic Acquaintance Form

PATIENT INFORMATION:

Patient Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____ Sex: _____ Insurance: Yes or No

Address: _____ City: _____ Postal Code: _____

Telephone Numbers: Home: _____ Cell: _____ Work: _____

Email Address: _____ Occupation/ School: _____

I agree to receive communications via email: please initial ☐

{Appointment notifications, treatment and care instructions etc…}

Siblings: 1. Name _____ **2. Name** _____ **3. Name:** _____

Age _____ **Age** _____ **Age** _____

RESPONSIBLE PARTY INFORMATION:

Name: _____ Email Address: _____

I agree to receive communications via email: ☐

Address *(if different from above)* : _____ City: _____ Postal Code: _____

Telephone Numbers: Home: _____ Cell: _____ Work: _____

Dentist: _____ **Telephone Number:** _____

Who can we thank for referring you to our office: _____

MEDICAL HISTORY:	**YES/NO**		**YES/NO**
Allergies	☐/☐	HIV/ AIDS	☐/☐
Anemia	☐/☐	Thyroid disorder	☐/☐
Arthritis	☐/☐	Tuberculosis	☐/☐
Artificial joints/ valves	☐/☐	Have you been hospitalized?	☐/☐
Asthma/ Sinusitis	☐/☐	Are you on any medications? (*Please list below)*	☐/☐
Blood disease/ Bleeding	☐/☐	_____	☐/☐
Abnormality	☐/☐	TMJ disorder (clicking, popping, pain)	☐/☐
Diabetes	☐/☐	Have your tonsils/adenoids been removed?	☐/☐
Epilepsy	☐/☐	Are you in good health?	☐/☐
Heart problems	☐/☐	Are you Pregnant	☐/☐
Hepatitis A,B,C	☐/☐	Have you had any injuries to the head/face?	☐/☐
High blood pressure	☐/☐		

Additional Remarks:

DENTAL HISTORY:	**YES/NO**
Do you breathe through your mouth?	☐/☐
Do you have a history of thumb sucking?	☐/☐
Do you have any speech problem?	☐/☐
Have you ever had an orthodontic opinion/treatment?	☐/☐
Do you (the patient) want orthodontic treatment?	☐/☐
Have you been informed of any missing, additional or abnormal teeth?	☐/☐

Reason for Orthodontic Consultation:

I hereby give my permission for the use of orthodontic records (photographs, x-rays, impressions) for the purpose of professional consultations and teaching purposes.

Signature of the party responsible for the account _____