| Patient Name   |   | Reviewed by:   |  | by:Date  | Date:      |  |
|--|---|--|--|--|------------|--|
|  |   |  | Home Phone#  | Date of Birth  |            |  |
| Address  |   |  |  |  |            |  |
| street   |   |  | city   | state  | zip        |  |
| Employer   |   | Busir  | ness Phone   | Cell Phone   |            |  |
| Spouse   |   |  |  | Date of Birth_   |            |  |
| Employer   |   | Busir  | ness Phone   | Cell Phone   |            |  |
| Who may we thank for referring you   | to our offic  | e?   |  |  |            |  |
| Children in family   | Yes   | No   | Names and Ages:  |  |            |  |
| Children in treatment with us?   | Yes   | No   | Names and Ages:  |  |            |  |
| Insurance Information Financially Responsible Party  |   |  |  | Do you have orthodontic insura   | nce? Y / N |  |
| Insurance Company  |   |  |  |  |            |  |
| Subscriber Name:   |   |  | DOB:   | Subscriber SS#:  |            |  |
| Subscriber ID#:  |   |  | Group #  |  |            |  |
| Secondary Insurance? Subscrib  | ber Name: _   |  |  | DOB  |            |  |
|  |   |  |  |  |            |  |
| Insurance Company  |   |  | Subscriber ID#:  | Group # _  |            |  |
|  |   |  | Subscriber ID#:  | Group # _  |            |  |
| Dental History   |   |  |  |  |            |  |
| Dental History Dentist's Name:   |   | Freq   | uency of visits:   | Last visit:  |            |  |
| Dental History  Dentist's Name:  Have there been any injuries to the 2. Is the patient a mouth breather?   | face, mouth   | Freq   | uency of visits:<br>1?   | Last visit:<br>Explain:  |            |  |
| Dental History  Dentist's Name:  Have there been any injuries to the 2. Is the patient a mouth breather?  Have you been informed of any mis  | face, mouth   | Frequent, or teeth   | uency of visits:<br>1?   | Last visit:<br>Explain:  |            |  |
| Dental History  Dentist's Name:  Have there been any injuries to the 2. Is the patient a mouth breather?  Have you been informed of any mis 4. Has an orthodontist been consulted  | face, mouth   | Freq<br>i, or teeth<br>ra teeth?   | uency of visits:<br>n?   | Last visit:<br>Explain:  |            |  |
| Dental History  Dentist's Name:  Have there been any injuries to the 2. Is the patient a mouth breather?  Have you been informed of any mis 4. Has an orthodontist been consulted 5. Has the patient ever had jaw pain   | face, mouth<br>ssing or extr<br>previously?   | Frequents, or teeth  | uency of visits:<br>n?<br>ing  | Last visit:<br>Explain:  |            |  |
| Dental History  Dentist's Name:  Have there been any injuries to the 2. Is the patient a mouth breather?  Have you been informed of any mis 4. Has an orthodontist been consulted 5. Has the patient ever had jaw pain   | face, mouth<br>ssing or extr<br>previously?   | Frequents, or teeth  | uency of visits:<br>n?<br>ing  | Last visit:<br>Explain:  |            |  |
| Dentist's Name:  Have there been any injuries to the Is the patient a mouth breather?  Have you been informed of any mis Has an orthodontist been consulted Has the patient ever had jaw pain  Does the patient grind/clinch teeth   | face, mouth<br>ssing or extr<br>previously?   | Frequents, or teether teeth?   | uency of visits:<br>1?<br>ing  | Last visit:Explain:, or locking in the jaw joint   |            |  |
| Dental History  Dentist's Name:  Have there been any injuries to the list he patient a mouth breather?  Have you been informed of any mis Has an orthodontist been consulted Has the patient ever had jaw pain  Does the patient grind/clinch teeth the list here.   | face, mouth<br>ssing or extr<br>previously?   | Frequents, or teether teeth?   | uency of visits:<br>1?<br>ing  | Last visit:Explain:, or locking in the jaw joint   |            |  |
| Dentist's Name:  Have there been any injuries to the 2. Is the patient a mouth breather?  3. Have you been informed of any mis 4. Has an orthodontist been consulted 5. Has the patient ever had jaw pain 5. Does the patient grind/clinch teeth for the patient grind/clinch teeth grind g          | face, mouth ssing or extr previously?   | Frequents, or teeth?   | uency of visits:   | Last visit:Explain:, or locking in the jaw joint   |            |  |
| Dentist's Name:  Have there been any injuries to the 2. Is the patient a mouth breather?  3. Have you been informed of any mis 4. Has an orthodontist been consulted 5. Has the patient ever had jaw pain 5. Does the patient grind/clinch teeth for the patient grind/clinch teeth grind g          | face, mouth ssing or extr previously?   | Frequents, or teeth?   | uency of visits:   | Last visit:Explain:, or locking in the jaw joint   |            |  |
| Dental History  Dentist's Name:  Have there been any injuries to the last the patient a mouth breather?  Have you been informed of any mis last the patient ever had jaw pain.  Does the patient grind/clinch teeth 'Reason for orthodontic evaluation:  Medical History  Doctors Name:  Is the patient in good health?  Does the patient have a history of a  | face, mouth ssing or extr previously? ?If NO  | Frequent, or teeth?  a teeth?  , click  , explain  | uency of visits:in?  | Last visit: Explain:, or locking in the jaw jointPhone Number: Explain   |            |  |
| Dental History  Dentist's Name:  Have there been any injuries to the large transport of the | face, mouth ssing or extra previously? ? If NO any serious or   | Frequence of the following of the following in the follow | illness?   | Last visit:Explain:, or locking in the jaw joint Phone Number:Explain  |            |  |
| Dental History  Dentist's Name:  Have there been any injuries to the last the patient a mouth breather?  Have you been informed of any mist. Has an orthodontist been consulted has the patient ever had jaw pain.  Does the patient grind/clinch teeth 'Reason for orthodontic evaluation:  Medical History  Doctors Name:  Is the patient in good health?  Does the patient presently under medical is the patient presently under medical in the patient presently under medical is the patient presently under medical in the patient pre | face, mouth ssing or extra previously? ? If NO any serious or   | Frequence of the following of the following in the follow | illness?   | Last visit:Explain:, or locking in the jaw joint Phone Number:Explain  |            |  |
| Dental History  Dentist's Name:  Have there been any injuries to the last the patient a mouth breather?  Have you been informed of any mis has an orthodontist been consulted has the patient ever had jaw pain.  Does the patient grind/clinch teeth has the patient in good health?  Does the patient in good health?  Does the patient have a history of a last the patient presently under medical. Does the patient have any allergies of the patient have a tendency to  | face, mouth ssing or extr previously? ? If NO any serious of cal care? Allerge of colds?                                | Frequents, or teether teether, clicker, clicker, explain or major gic to   | illness? For what? Sore throats?   | Last visit:Explain:  |            |  |
| Dental History  Dentist's Name:  Have there been any injuries to the last the patient a mouth breather?  Have you been informed of any mist. Has an orthodontist been consulted has the patient ever had jaw pain.  Does the patient grind/clinch teeth the last the patient grind/clinch teeth the last the patient in good health?  Does the patient in good health?  Does the patient have a history of a last the patient presently under medical poes the patient have any allergies.  Does the patient have a tendency to have tonsils/adenoids been remove  | face, mouth ssing or extr previously? ?If NO my serious of cal care? Allerg of colds?                                   | Frequents of the following property of the   | illness? For what? Sore throats?   | Last visit: Explain:, or locking in the jaw joint Phone Number: Explain  Ear infections?                         |            |  |
| Dentist's Name:    Have there been any injuries to the     Have you been informed of any mis     Has an orthodontist been consulted     Has the patient ever had jaw pain     Does the patient grind/clinch teeth     Reason for orthodontic evaluation:     Medical History   | face, mouth ssing or extr previously? ?  If NO my serious of cal care? ? Allerg of colds? v being take                  | Frequents of the control of the co   | illness? For what? Sore throats?   | Last visit: Explain:, or locking in the jaw joint Phone Number: Explain  Ear infections?                         |            |  |
| Dentist's Name:  1. Have there been any injuries to the 2. Is the patient a mouth breather?  2. Is the patient a mouth breather?  3. Have you been informed of any mis 4. Has an orthodontist been consulted 5. Has the patient ever had jaw pain  5. Does the patient grind/clinch teeth 6. Provided the patient grind/clinch teeth 6. Provided the patient in good health?  2. Does the patient in good health?  2. Does the patient have a history of a 3. Is the patient presently under medic 4. Does the patient have any allergies 5. Does the patient have a tendency to 6. Have tonsils/adenoids been remove 7. List any drugs or medication now 8. WOMEN: Are you pregnant?  | face, mouth ssing or extr previously? ? If NO my serious of cal care??Allerg of colds? w being take                     | Frequents of the control of the co   | illness? For what? Sore throats?   | Last visit:Explain:  |            |  |
| Dentist's Name:    Have there been any injuries to the   | face, mouth ssing or extr previously? ? If NO my serious of cal care??Allerg of colds? w being take                     | FrequenceAge   | illness? Sore throats? t has been or is being tr   | Last visit:Explain:, or locking in the jaw joint, Phone Number:Explain  Ear infections?  reated for:             |            |  |
| Dentist's Name:  | face, mouth ssing or extr previously? ?  If NO any serious of cal care? Allerg of colds? ed? v being take ons which the | FrequenceAge en: Tubercu   | illness? Sore throats? thas been or is being trailosis   | Last visit:Explain:, or locking in the jaw jointPhone Number:ExplainEar infections? reated for: Hormone problems |            |  |
| Dentist's Name:  | If NO any serious of cal care?    Allergo colds?   w being take   | FrequenceAge   | illness? For what? Sore throats? thas been or is being trailosis the solution of the solution is a solution of the solut | Last visit:Explain:, or locking in the jaw joint, or locking in the jaw jointPhone Number:Explain                |            |  |
| Dentist's Name:  1. Have there been any injuries to the 2. Is the patient a mouth breather?  3. Have you been informed of any mis 4. Has an orthodontist been consulted 5. Has the patient ever had jaw pain   | face, mouth ssing or extr previously? ? If NO my serious of cal care? Allerg o colds? w being take ons which th         | Frequents or teeth?, click, click, click, click, click, explain or major, age en: ne patien, Tubercu Anemia Epileps  | illness? Sore throats? t has been or is being trailosis by   | Last visit:Explain:  |            |  |
| Reason for orthodontic evaluation:  Medical History  Doctors Name:  1. Is the patient in good health?  2. Does the patient have a history of a 3. Is the patient presently under medic 4. Does the patient have any allergies? 5. Does the patient have a tendency to 6. Have tonsils/adenoids been remove 7. List any drugs or medication now 8. WOMEN: Are you pregnant?  9. Check any of the following condition  Diabetes Pneumonia  | If NO any serious of cal care?    Allergo colds?   w being take   | Frequents or teeth?, click, click, click, click, click, explain or major, explain gic to, Age en: ne patien, Tubercu Anemia Epileps Asthma   | illness? For what? Sore throats? thas been or is being trailosis by  | Last visit:Explain:  |            |  |

(Patient's Signature)

Revised 5/11