CHILD INFORMATION FORM

DATE____

BIRTH DATE___________________________ AGE_________

PATIENT'S NAME____ NICKNAME______________________________ SEX__________

ADDRESS____ CITY __________________________________

STATE__________ ZIP_________________ PHONE_________________________________ CELL PH.:________________________________

SCHOOL____ GRADE__________________________________

PATIENT'S DENTIST____ PHYSICIAN____

REFERRED BY____E-MAIL____

NAMES OF CHILDREN IN FAMILY____

FATHER'S NAME____ E-MAIL____

OCCUPATION______________________________EMPLOYED BY___________________________ BUS. PHONE__________________________

BUS. ADDRESS____ SOC.SEC. NO.__________________________________

DENTAL INSURANCE CO.?_____________________________________ ORTHO COVERAGE____

MOTHER'S NAME____ E-MAIL____

OCCUPATION______________________________EMPLOYED BY___________________________ BUS. PHONE__________________________

BUS. ADDRESS____ SOC.SEC. NO.__________________________________

DENTAL INSURANCE CO.?_____________________________________ ORTHO COVERAGE____

MEDICAL/DENTAL HISTORY

DATE OF LAST DENTAL EXAM. MONTH_________ YEAR_________

IS PATIENT IN GOOD HEALTH____ Yes ❑ No ❑

DOES PATIENT HAVE ANY HISTORY OF MAJOR ILLNESS ?____ Yes ❑ No ❑

PLEASE LIST____ Yes ❑ No ❑

HAVE TONSILS AND ADENOIDS BEEN REMOVED? WHAT AGE?____ Yes ❑ No ❑

LIST ANY DRUGS OR MEDICATIONS NOW BEING TAKEN. GIVE REASONS:___________________________________ Yes ❑ No ❑

LIST ANY ALLERGIES OR DRUG SENSITIVITY:____ Yes ❑ No ❑

WOMEN: ARE YOU PREGNANT? Yes ❑ No ❑

HAS THERE BEEN ANY INJURIES TO THE FACE, MOUTH OR TEETH?_____________________________________ Yes ❑ No ❑

IS THE PATIENT A MOUTH BREATHER?____ Yes ❑ No ❑

IS THE PATIENT A FINGER OR THUMB SUCKER?____ Yes ❑ No ❑

LIST ANY MUSICAL INSTRUMENTS PLAYED____ Yes ❑ No ❑

HAS AN ORTHODONTIST BEEN CONSULTED PREVIOUSLY?____ Yes ❑ No ❑

REASON FOR CONSULTATION____

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DIABETES ❑ ANEMIA ❑ PROLONGED BLEEDING ❑ PNEUMONIA ❑ EPILEPSY ❑ FAINTING OR DIZZINESS ❑ HEART TROUBLE ❑ TUBERCULOSIS ❑

NERVOUS DISORDERS ❑ RHUEMATIC FEVER ❑ KIDNEY INVOLVEMENT ❑ LIVER INVOLVEMENT ❑ BONE DISORDERS ❑ ENDOCRINE PROBLEMS ❑

ASTHMA ❑ HEPATITIS ❑ ACQUIRED IMMUNE DEFICIENCY SYNDROME ❑ VENEREAL DISEASE ❑

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SIGNATURE OF PARENT/PATIENT (IF OVER 18)