

ORTHODONTIC ACQUAINTANCE INFORMATION

Welcome to Our Office



Patient's Name, Name Patient prefers to be called, Telephone Number, Home Address, Patient's Dentist, How did you hear about our office?, Date, Date of Birth, Age, Sex, Email Address, City, Zip Code, Physician, Whom may we thank for referring you to our office?

INFORMATION FOR PATIENTS WHO ARE MINORS (Under 18 years of age)

School, Grade, Please Check (Father, Step-Father, Mother, Step-Mother), Name, Address, Phone, Employer's Name, Business Phone, Email Address, Occupation, Parent's Marital Status (Married, Separated, Divorced, Widowed, Single)

INFORMATION FOR PATIENTS OVER 18 YEARS OF AGE

Occupation, Business Address, Name of Spouse, Patient Marital Status (Married, Separated, Divorced, Widowed, Single), Employer, Business Phone, Occupation

MEDICAL HISTORY

Is the patient in good health?, Any major or unusual illnesses?, Currently under physician's care?, Currently taking medication?, Any allergies or drug sensitivity?, Any latex allergy?, Do you need prophylactic antibiotic coverage prior to dental procedures?, Have you ever taken Bisphosphonate medications (Examples: Fosamax, Boniva, Actonel) ?

PLEASE CHECK THE FOLLOWING AS THEY APPLY

Speech Problems, Glaucoma, Heart Trouble, Kidney Disease, Hepatitis, Speech Problems, Nervous Disorder, High Blood Pressure, Head or Facial Injury, Liver Disease, Hearing Disorder, ADHD/ADD, Emotional Problems, HIV/AIDS, Allergies or Asthma, Autism, Diabetes, Bleeding Problems, Epilepsy, Endocrine Problems, Other, (For Patients under age 18) Has the patient reached puberty?, Has there been a drastic change in shoe size recently?, Females: Has the patient started menstruation?, Males: Has the patient's voice changed?

DENTAL HISTORY

Has there been any injuries to the face, mouth or teeth?, Is there presently a thumb sucking or finger sucking habit?, Has the patient consulted an orthodontist previously?, Has the patient had orthodontic treatment previously?, Please list any family members treated here, What part of your child's orthodontic problem concerns you the most?

FINANCING INFORMATION: The information below is required for Arkle & Harris Orthodontics to offer interest-free financial arrangements.

Person Responsible for Payment of Account, Relationship to Patient, Social Security #, Is the Current Address Listed Above?, How long at this address? Years, Months, Employer, No. Years Employed

By signing below, you authorize that Arkle & Harris Orthodontics may request a credit report in order to offer interest-free financial arrangements.

Signature, Date

Privacy Policy