align orthodontics

Welcome!

1st Visit Date____________________ PATIENT NAME:____
LAST FIRST M.I.

Male___ Female___ Unspecified___ Age______ Date of Birth ________________ SS#____________________

Home Address____City___________________________Zip__________

Home Phone #_____________________ Cell Phone #__________________ Email Address____________________

Occupation______________________________________ Employer________________________

Business Address_________________________________ Business Phone___________________

Referred by_________________________Patient's Dentist______________________ Last visit_______________

Patient's Physician_______________________________________ Oral Surgeon____________________________

Spouse's Name____________________________________ SS#__________________________

Occupation____________________________________ Employer______________________

Business Address_______________________________ Business Phone_________________

HEALTH HISTORY: Are you in good health? YES___ NO___ If no, please explain:

____

Do you have a history of major illness or injury? YES___ NO___ If yes, please describe:

____

Have you ever been treated for: Rheumatic Fever Hepatitis HIV Heart Problem Glaucoma

LIST ANY CURRENT DRUGS/MEDICATIONS:____

LIST ANY DRUG ALLERGIES OR SENSITIVITIES:____

Have your tonsils or adenoids been removed? YES___ NO___ If so, when?______________________________

Names & Ages of Children____

HAVE YOU HAD ANY INJURIES TO YOUR FACE, MOUTH, OR TEETH? YES___ NO____ If yes, please explain:

____

Do you normally breathe through your (While awake): _______ Mouth or _______ Nose?
(While asleep): _______ Mouth or _______ Nose?

HAVE YOU BEEN INFORMED OF ANY MISSING OR EXTRA TEETH?____

Do you have any history of gum disease?_____________ Clicking, popping or jaw pain?____________________

Have you previously consulted with an Orthodontist?____

PRIMARY REASON FOR CONSULTATION____

Has any member of your family ever been seen in this office? If yes, who?_______________________________

Date___________________ Signature_______________________________________