



Patient Acquaintance Card

Today's Date ___/___/___

Patient's Information

Date of Birth ___/___/___

Name _____
Last First Initial

Age _____ Sex _____

Home Address: _____
Street City State Zip

Phone:(H) _____ (C) _____ email _____

School _____ Grade _____ Dentist's name _____ Location _____

Who suggested that you might need orthodontic treatment? _____

Why did you select this office? _____

Do you have orthodontic benefits? _____ If so, company name: _____

Who is the financially responsible for this account? _____

Names and ages of other children in the family (please indicate if any are currently patients in this office): _____

Parents' Information

Father

Mother

Name	_____	_____
Home Address	_____	_____
	_____	_____
Phone (home & cell)	_____	_____
Occupation & Employer	_____	_____
Phone (work)	_____	_____
Work Address	_____	_____
	_____	_____

Patient's Medical History

Are you in good health? _____ Height _____ ft _____ in Weight _____ lb

Do you have a history of major illness? _____ Physician _____

List current medications and reason for taking them: _____

List any known drug, latex or other allergies/sensitivities: _____

Do you smoke or use tobacco? _____ Drink coffee/tea? _____

Have you reached puberty? _____ Female: started menstruation? _____ If yes, when? _____

Male: voice changed? _____ If yes, when? _____

Check any of the following for which you have been treated:

- Diabetes Anemia Bleeding Disorder Heart Disease Pneumonia Tuberculosis Rheumatic Fever
- Kidney Disease Epilepsy/Seizures Fainting/Dizziness Nervous Disorders ADHD Bone Disorders
- Asthma Hepatitis HIV/AIDS

Patient's Dental History

When was your last checkup? _____ Cleaning? _____

Have you ever had a thumb or finger sucking habit? _____ If yes, until what age? _____

Do you have any speech problems? _____ Are you a mouth breather? _____

Have you been informed of any missing or extra permanent (adult) teeth? _____

What is your main reason for this orthodontic examination? _____

Have you seen an orthodontist prior to this visit? _____ If yes, when _____ where _____

Do you prefer a specific type of braces? silver (standard) _____ clear _____ gold _____

List any musical instruments played (especially wind instruments) _____