

WELCOME TO WAKHAM ORTHODONTICS

Welcome to our office:

The following information is requested to enable me to give you the best consideration of your orthodontic problem during your initial examination in our office. In order for me to thoroughly diagnose any condition, I must have accurate background and health information on which to base my decisions. This information, which is important for my records and your health, is confidential.

Thank You.

Patient's Name _____ Age _____ Date of Birth _____ Sex _____
FIRST MIDDLE LAST

Home Address _____
STREET CITY ZIP CODE

Home Phone _____ Cell Phone _____

Email _____

Physician _____ Dentist _____ Referred By _____

Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Occupation _____ Employer _____

Business Address _____ Telephone _____ Soc. Sec. # _____

Name of Spouse _____ Employer _____

Business Address _____ Telephone _____ Soc. Sec. # _____

Person(s) Responsible For Account _____

Home Address (if other than above) _____

Employer _____ Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Orthodontic Insurance _____ Date of Birth _____

MEDICAL HISTORY: Circle those that apply

- | | | | |
|---------------|--------------------|---------------------|------------------------|
| Asthma | Diabetes | Heart Disease | Rheumatic Fever |
| Anemia | Epilepsy | Hearing Disorder | Speech Disorder |
| Blood Disease | Endocrine Problems | Head or Face Injury | Risk Group for Aids |
| Bone Disorder | Emotional Problems | Hepatitis | Other (describe below) |

COMMENTS: _____

Has the patient been under a physician's care during the past 2 years, other than routine examination? YES NO
WHY? _____

Do you take any medication? YES NO
If so, please state _____

Are tonsils still present? YES NO

Are there any allergies? YES NO
Sulfa, Penicillin, others? _____

Have you had severe nasal difficulty? YES NO

Have you had psychologic counseling? YES NO
If yes, briefly describe _____

Would you consider your health to be: Excellent _____ Good _____ Fair _____ Poor _____

(Complete Reverse Side)

