

WELCOME

Tell Us About Your Child	General Information			
Today's Date:	Who is accompanying the child today? Name: Relation:			
Last First MI Child's Birthdate: / Age: Male Female E-mail Address: Male Female	Do you have legal custody of this child?			
School:Grade: Hobbies/Sports:	General Dentist: Last Visit Date Dentist's Phone #: ()			
Child's Home #: () 55 #: Child's Home Address: Apt / Condo #	Relative or Friend not living with you: Name:Phone: () Address:			
City State Zip	City State Zip			

Parent's Information							
Who is responsible for this account? Parent's Mar	ital Status 🗌 Single 🗌 Married 🗌 Partnered 🗌 Widowed 🗌 Divorced 🗌 Separated						
Father Step Father Guardian	□ Mother □ Step Mother □ Guardian						
Name:/Birthdate://	Name:/Birthdate:/						
Address:	Address:						
City State Zip SS #: DL #:	City State Zip SS #: DL #:						
Wk #: () Ext: Hm #: ()	Wk #: ()Ext:Hm #: ()						
E-mail:Cell/Other #: ()	E-mail: Cell/Other #: ()						
Employer:Occupation:	Employer:Occupation:						
Employer's Address:	Employer's Address:						
City State Zip If you have Orthodontic Insurance Coverage for the Child, please fill out below:	City State Zip If you have Orthodontic Insurance Coverage for the Child, please fill out below:						
Insurance Co. Name:	Insurance Co. Name:						
Insurance Address:	Insurance Address:						
City State Zip Insurance Phone: ()	City State Zip Insurance Phone: ()						
Group # (Plan, Local, or Policy #):	Group # (Plan, Local, or Policy #):						

Authorization

This office reserves the right to verify the credit status of potential patients and/or parents of patients prior to extending credit for treatment fees and may, at the discretion of this office, use the services of one or more credit reporting services. If this office accepts insurance, I understand that I am responsible for payment of services rendered and also responsible for paying any co-payment and deductibles that my insurance does not cover. I hereby authorize the dentist to release all information necessary to secure the payment of benefits. And I assign directly to the doctor all insurance benefits otherwise payable to me. I further authorize the use of this signature on all my insurance submissions, whether manual or electronic.

Signature of Parent or Guardian

What are the main concerns that you would like arthodomics to accomplish? Has the child experienced the fallowing mainters? What are the main concerns that you would like arthodomics to accomplish? \vert N AbADHD \vert N AbADHD Has your child ever been evaluated or had arthodomic tractment before? \vert N AbADHD \vert N AbADHD How there been any injuries to the face, mouth, testh or child requires antibotics before deatid treatment? \vert N Interview \vert N AbADHD Has the child experienced the fallowing mainter area \vert N AbADHD \vert N AdADHD \vert N Maintal Wale Problems Boes stor child how any missing or extrp permoter tesh? \vert N Interview \vert N AdaPhD \vert N Maintal Wale Problems Boes stor child how any missing or extrp permoters tesh? \vert N Interview \vert N Maintal Wale Problems Boes stor child how any missing are extrp permoters tesh? \vert N IN \vert N Maintal Wale Problems Boes the child any missing are extrp permoters tesh? \vert N IN \vert N Maintal Wale Problems Boes the child any missing are extrp permoters tesh \vert N IN N Maintal Wale Problems \vert N IN Boes the child any missing are extrp permoters \vert N IN N Maintal Wale Problems \vert N IN Broad fideer the any off tesh INS N IN The Problems \vert N	De	ntal & Me	dical H	listory			
Image: Space of the served of had orthodonts treatment before? Image: Space of the served of had orthodonts treatment? Image: Space of the served of had orthodonts before of the served of the s	What are the main concerns that you would like orthodontics to	accomplish?		Has the child experienced the	following me	edical problems?	
Hes your child ever been evaluated or had erthodentic treatment before? Use UNA We there been any injuries to the face, mouth, teath or child Sue SPACIPERTIES USE UNA We there been any injuries to the face, mouth, teath or child Sue SPACIPERTIES USE UNA We there been any injuries to the face, mouth, teath or child Sue SPACIPERTIES USE NA We devide while Super the face of the face mouth, teath or child Sue SPACIPERTIES USE NA We devide while Super the face of the face mouth state of the face of the face mouth state of the face of the face mouth state of the face of			□Υ □Ν	Abnormal Bleeding	□y □N	Hearing Impairment	
Image in the bank out of both of both interments in the child interment is the child interment is been environment interment? Image interment is the child interment? Image interment?			□Υ □Ν	ADD/ADHD	□y □N	Heart Murmur	
Have there been any injuries to the face, mouth, testh or chin? Very No. A string of the child require antibidities before details that the strict set of dearbing for the following habits? Very No. Mathematic for the following? Very No. Were The No backets Very No. Mathematic for Very No. Were The No backets Very No. Mathematic for Very No. No. Scale for Very No. Mathematic for Very No. Mathema	Has your child ever been evaluated or had orthodontic treatmen	t before?	□Υ □Ν	AIDS/HIV+	□y □N	Hemophilia	
Process the child graphic beam of the following of the following for the following childs beam of the following childs beam of the following for the following childs beam of the following for the f		🗌 Yes 🗌 No				•	
Des the child equire antiopints before defined interfational feature devices for toxis been ennewed? \vert \ve	Have there been any injuries to the face, mouth, teeth or chin?	🗌 Yes 🗌 No					
Hore addresds or tonsils been removed? Yes Ne Des your child have any missing or extra permanent teth? Yes Ne Has the child ever had any pain/tenderness in his/her Yes Ne jew jain(TMJ/TMD) Yes Ne Des stands that his/her teeth daily? Yes Ne Des that child bresh his/her teeth daily? Yes Ne Child's Physician: Date of Last Visit: Has the child currently under the care of aphysician? Yes Ne Has the child currently under the care of aphysician? Yes Ne Has the child allergic to any of the following? Yes Ne Please discurse the child's currently hysical health: Yes Ne Yes Ne Ne break field allergic to any of the following? Yes Ne Yes Ne barining/Grinding Teeth Yes Ne Ne barining/Grinding Teeth Yes Ne Yes Ne barining/Grinding Teeth Yes Ne Ne barining/Grinding Teeth Yes Ne Yes Ne barining/Grinding Teeth Yes Ne Ne barining/Grinding Teeth Yes Ne Yes Ne barining/Grinding Teeth Yes Ne Ne barining/Grinding Teeth Yes Ne Yes Ne barining/Grinding Teeth Yes Ne Ne barining/Grinding Teeth Yes Ne	Does the child require antibiotics before dental treatment?	🗌 Yes 🗌 No					
Dee your child have any missing or extra permanent feeth? Yes Ne we joint (TMJ/TMD)? Yes Ne flass hic/her testh daily? Yes Ne childs Physicians. Plass hic/her testh daily? Yes Ne childs Physicians. Phone H: Date of Last Visit: Is the child currently under the care of a physician? Yes Ne Plass bic/her testh daily? Yes Ne Has the child sup cart by goint of a physician? Is the child currently under the care of a physician? Plass bic/her testh daily? Yes Ne Plass describe the child's currently value the care of a physician? Is the child currently under the care of a physician? Is the child allergic to any of the following? Yes Ne Plesse describe the child's currently taking: Deex/did the child have any of the following? Yes Ne Plesse list all drugs that the child is currently taking: Deex/did the child have any of the following? Yes Ne Plesse list all drugs that the child is currently taking: Deex/did the child have any of the following? Yes Ne Plesse list all drugs that the child is currently taking: Yes Ne Academic Yes Ne Neckels/Netals Yes Ne Academic Yes Neckels/Netals Yes Ne Netal Anesthetic Yes Neckels/Netals Yes Ne Neckels/Netals Yes Ne Neckels/Netals Yes Ne Neckels/Netals Yes Neckels/Netals Yes Ne Neckels/Netals Yes Ne Neckels/Netals Yes Neckels/Netals Yes Ne Neckels/Netals Yes Neckels/Netals Yes Neckels/Netals Yes Neckels/Netals Yes Neckels/Netals Yes Neckels/Netals Yes Neckels/Netals Yes Neckels/Netals Netals and the information I have given is correct to the best of my knowledge, that it will be held in the strictest confidence and that it is my responsibility Yes Neckels/Netals resinver of farent or fourdion Signat	Have adenoids or tonsils been removed?	🗌 Yes 🗌 No					
Has the child ever had any pain/renderness in his/her jaw jain (TMJ/TMD) Use Internet (TMJ/TMD)	Does your child have any missing or extra permanent teeth?	🗆 Yes 🗌 No		•			
jaw joint (TMJ/TMD)? Yes No jaw joint (TMJ/TMD)? Yes No Does the child bursh his/her testh daily? Yes No Plass his/her testh daily? Yes No Addidsps/tisabilities Yes No Plass his/her testh daily? Yes No Plass puberty began? Yes No Plass bis/her testh dails? Oute of Last Visit: Is the child currently under the care of a physician? Yes No Plass describe the child's currently hysical health: Good Y N A Spinin No Erythromycin: Yes No Plasse list any other drugs / materials that you are allergic to: No Nickels/Metals Yes No Y N Cadeline is HIPAA compliant and is committed to meeting or exceeding the standards of Infection control mandated by OSHA, the CDC and ADD I understand that the information I heve given is correct to the best of my knowledge, that it will be held in the strictest confidence and that it is my responsibility inform this office of any changes in my child's health status since their last visit? No Nail Bitting Yes No I understand that the i							
Does the child brush his/her teeth daily? Yes No Piess his/her teeth daily? Yes No Child's Physician: Piess his/her teeth daily? Yes No Ste child currently under the care of a physician? Yes No Piess elser/be the child's current physical health: Good Fein Piesse elser/be the child's current physical health: Good Fein Piesse discuss any serious medical problems the child has hed: Piesse elser/be the child's current physical health: Good Fein Piesse No Y N Aspinin N Netels/Metals Y N Netrol Yes No No No No Y N Codeine Y N Jacwelry Y N Tetrocycline Y N No No No No No No Y N Dental Ansthetics N Nickels/Metals Y N N Theorycline Y N No No <td></td> <td>🗌 Yes 🗌 No</td> <td></td> <td></td> <td></td> <td></td>		🗌 Yes 🗌 No					
Flass his/her teeth daily? Yes INO Child S Hysician	• •	🗌 Yes 🗌 No					
Child's Physician:		🗌 Yes 🗌 No					
Phone #: ()							
Is the child currently under the care of a physician? I'ves No Has puberty begun? I'ves No Please describe the child's current physical health: I'ves No Please list all drugs that the child's current physical health: I'ves No Please list all drugs that the child is currently taking: I'ves No Please list all drugs that the child's currently taking: I'ves No Please list all drugs that the child's currently taking: I'ves No Please list all drugs that the child is currently taking: I'ves No Please list all drugs that the child's currently taking: I'ves No Please list all drugs that the child is currently taking: I'ves No Please list any other drugs / materials that you are allergic to: I'ves No Please list any other drugs / materials that you are allergic to: I'ves No Please list any other drugs / materials that you are allergic to: I'ves No Please list any other drugs / materials that you are allergic to: I'ves No Please list any other drugs / materials that you are allergic to: I'ves No Please list any other drugs / materials that you are allergic to: I'ves No Please list any other drugs / materials that you are allergic to: I'ves No Please list any other drugs / materials that you are allergic to: I'ves No Please adjunct of function control mandated by OSHA, the CDC and ADD I'ves No Please adjunct of function control mandated by OSHA, the CDC and ADD I'ves No Please adjunct of function control mandated by OSHA, the CDC and ADD I'ves No Please adjunct of function control mandated by OSHA, the CDC and ADD I'ves No Please adjunct of function control mandated by OSHA, the CDC and ADD I'ves No Please adjunct of function control mandated by OSHA, the CDC and ADD I'ves No Please adjunct of function control mandated by OSHA, the CDC and ADD I'ves No Please adjunct of function control mandated by OSHA, the CDC and ADD I'ves No Please adjunct of function control mandated by OSHA, the CDC and ADD I'ves No Please adjunct of function control mandated by OSHA, the CDC and ADD					nen:		
Has puberty begun? Please discuss any serious medical problems the child has had: Please discuss any series of the child has had: Please discuss any series of the child has had: Please discuss any series of the child has had: Please discuss any series of the child has had: Please d							
Please describe the child's current physical health: Good Fair Poor Please list all drugs that the child is currently taking:	, , ,			•			
Please list all drugs that the child is currently taking:							
Image: State child allergic to any of the following? Y N Latex Y N Aspirin Y N Erythromycin Y N Pencicillin Y N Aspirin Y N Erythromycin Y N Pencicillin Y N Aspirin Y N Erythromycin Y N Pencicillin Y N Aspirin Y N Erythromycin Y N Pencicillin Y N Aspirin Y N Erythromycin Y N Tetracycline Y N Dental Anesthetics Y N Nickels/Metals Y N Other Please list any other drugs / materials that you are allergic to:							
Is the child allergic to any of the following? Y N Latex Y N Aspirin Y N Latex Y N Aspirin Y N Erythromycin Y N Clenching/Grinding Teeth Y N Speech Problems Y N Dental Anesthetics Y N Nickels/Metals Y N Tetrocycline Y N Dental Anesthetics Y N Nickels/Metals Y N Other Please list any other drugs / materials that you are allergic to: N Noil Biring Y N Used Pacifier List any musical instruments played: I understand that the information I have given is correct to the best of my knowledge, that it will be held in the strictest confidence and that it is my responsibility inform this office of any changes in my child's medical status. I authorize the dental staff to perform the necessary dental/orthodortic services my child may need Signature of Parent or Guardian Date OFFICE USE ONLY OFFICE USE	neuse hist an arags mat me child is carrently laking.						
Is the child allergic to any of the following? IY IN Latex I'Y IN Aspinin Y IN Erythromycin Y IN Preicillin I'Y IN Aspinin Y IN Erythromycin Y IN Preicillin I'Y IN Colencing/Briting Y IN Specch Problems I'Y IN Colencing/Briting Y IN Thumb/Finger Sucking I'Y IN Dental Anesthetics Y IN Nickels/Metals Y IN Other Please list any other drugs / materials that you are allergic to: I'Y IN Nail Bitting Y IN Used Pacifier Uur office is HIPAA compliant and is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and ADJ I understand that the information I have given is correct to the best of my knowledge, that it will be held in the strictest confidence and that it is my responsibility inform this office of any changes in my child's medical status. I authorize the dental staff to perform the necessary dental/orthodontic services my child may need Signature of Parent or Guardian Date OFFICE USE ONLY OFFICE USE ONLY I have verbally reviewed the medical/dental information above wuth the parent/guardian & patient named herein. Signature of Dentist Dote Date Signature of Dentist Date Medical History Update Parent/Guardian Signature Date Has there			Does/did	the child have any of the followin	g habits?		
Y N Aspirin Y N Eventhylogendamic Y N Aspirin Y N Eventhylogendamic Y N Speech Problems Y N Codeine Y N Jeech Problems Y N Speech Problems Y N Codeine Y N Jeech Problems Y N Speech Problems Y N Codeine Y N Jeech Problems Y N Thumb/Finger Sucking Y N Codeine Y N N Nethers Y N Torogue Thrust Y N Dental Anesthetrics Y N Nickels/Metals Y N Nail Biting Y N Used Pacifier Use any musical instruments played:	To the shild ellevise to any of the following $\Box \setminus \Box \setminus \Box$,	□y □N	Breast Fed	□y □N	Nursing Bottle Habits	
Y N Codeine Y N Jewelry Y N Tetracycline Y N N Dettal Anesthetics Y N N Nickels/Metals Y N Other Please list any other drugs / materials that you are allergic to:			□y □n	Clenching/Grinding Teeth	□y □N	Speech Problems	
Y N bental Anesthetics Y N Nickels/Metals Y N Other Please list any other drugs / materials that you are allergic to: Y N Nail Bitting Y N Used Pacifier Ust any musical instruments played: Y N Nail Bitting Y N Used Pacifier Ust any musical instruments played: Y N Nail Bitting Y N Used Pacifier Ust any musical instruments played: Y N Nail Bitting Y N Used Pacifier Ust any musical instruments played: Y N Nail Bitting Y N Used Pacifier Ust any musical instruments played: Y N Nail Bitting Y N Used Pacifier Ust any musical instruments played: Y N Nail Bitting Y N Used Pacifier Ust any musical instruments played: Y N Nail Bitting Y N Used Pacifier Ust any musical instruments played: Y N Nail Bitting Y N V Nail Bitting Y N Used Pacifier Ust and that the information I have given is correct to the best of my knowledge, that it will be held in the strictest confidence and that it is my responsibility Nail Bitting			□y □N	Lip Sucking/Biting	□y □N	Thumb/Finger Sucking	
Please list any other drugs / materials that you are allergic to:			□Υ □Ν				
Our office is HIPAA compliant and is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and ADJ I understand that the information I have given is correct to the best of my knowledge, that it will be held in the strictest confidence and that it is my responsibility inform this office of any changes in my child's medical status. I authorize the dental staff to perform the necessary dental/orthodontic services my child may need Signature of Parent or Guardian Date OFFICE USE ONLY Date I have verbally reviewed the medical/dental information above wuth the parent/guardian & patient named herein.				2			
I understand that the information I have given is correct to the best of my knowledge, that it will be held in the strictest confidence and that it is my responsibility inform this office of any changes in my child's medical status. I authorize the dental staff to perform the necessary dental/orthodontic services my child may need Signature of Parent or Guardian Date OFFICE USE ONLY I have verbally reviewed the medical/dental information above wuth the parent/guardian & patient named herein. Signature of Dentist Date Medical History Update Has there been any change in your child's health status since their last visit? Yes No Has there been any change in your child's health status since their last visit? Yes No Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in y	Please list any other drugs / materials that you are allergic to:			nusical instruments played:			
I understand that the information I have given is correct to the best of my knowledge, that it will be held in the strictest confidence and that it is my responsibility inform this office of any changes in my child's medical status. I authorize the dental staff to perform the necessary dental/orthodontic services my child may need Signature of Parent or Guardian Date OFFICE USE ONLY I have verbally reviewed the medical/dental information above wuth the parent/guardian & patient named herein. Signature of Dentist Date Medical History Update Has there been any change in your child's health status since their last visit? Yes No Has there been any change in your child's health status since their last visit? Yes No Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in y							
I understand that the information I have given is correct to the best of my knowledge, that it will be held in the strictest confidence and that it is my responsibility inform this office of any changes in my child's medical status. I authorize the dental staff to perform the necessary dental/orthodontic services my child may need Signature of Parent or Guardian Date OFFICE USE ONLY I have verbally reviewed the medical/dental information above wuth the parent/guardian & patient named herein. Signature of Dentist Date Medical History Update Has there been any change in your child's health status since their last visit? Yes No Has there been any change in your child's health status since their last visit? Yes No Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in your child's health status since their last visit? Has there been any change in y			·				
inform this office of any changes in my child's medical status. I authorize the dental staff to perform the necessary dental/orthodontic services my child may need Signature of Parent or Guardian Date OFFICE USE ONLY I have verbally reviewed the medical/dental information above wuth the parent/guardian & patient named herein. Dentist's Comments: Medical History Update Has there been any change in your child's health status since their last visit? Yes No Has there been any change in your child's health status since their last visit? Date Date	Our office is HIPAA compliant and is committed to meeting	ng or exceeding	the standa	ards of infection control mand	lated by OS	HA, the CDC and ADA.	
OFFICE USE ONLY							
I have verbally reviewed the medical/dental information above with the parent/guardian & patient named herein			Signat	ure of Parent or Guardian		Date	
Signature of Dentist Date Dentist's Comments:	OFFICE USE ONLY OFFICE USE ONLY OFFICE USE	ONLY OFFICE	USE ONLY	OFFICE USE ONLY OFFICE	USE ONLY	OFFICE USE ONLY	
Dentist's Comments:	I have verbally reviewed the medical/dental information above w	uth the parent/gu	uardian & pat		11.1		
Medical History Update Has there been any change in your child's health status since their last visit? Yes No If Yes, please explain. Parent/Guardian Signature Date Has there been any change in your child's health status since their last visit? Yes No	Dantist's Commenta			5	entist	Date	
Has there been any change in your child's health status since their last visit? Yes No If Yes, please explain. Parent/Guardian Signature Date Has there been any change in your child's health status since their last visit? Yes No	Dentist's comments:						
Has there been any change in your child's health status since their last visit? Yes No If Yes, please explain. Parent/Guardian Signature Date Has there been any change in your child's health status since their last visit? Yes No	Μ	edical His	tory U	odate			
If Yes, please explain. Parent/Guardian Signature Date Has there been any change in your child's health status since their last visit? Yes No							
Has there been any change in your child's health status since their last visit? \Box Yes \Box No			Yes ∟No	Parent/Guardian Signature		Date	
Has there been any change in your child's health status since their last visit? 🗌 Yes 🗌 No							
· · · ·	Has there been any change in your child's health status since the	ir last visit?	Ves No	Dentist Signature		Date	
				Parent/Guardian Signature		Date	

Dentist Signature

Date