

Preliminary Ortho Exam

Patient Name _____ Sex _____ Birthdate _____ Age _____
Address _____ City _____ Zip _____ Phone# _____
Occupation _____ Work phone# _____ SS# _____ - _____ - _____
Patient's dentist _____ City _____ Physician _____ City _____
Referred by _____ City _____ Patient's marital status _____
E-mail address (optional) _____

Responsible Party Information:

Name _____ Birthdate _____ Marital status _____
Address _____ City _____ Zip _____ Phone# _____
Relationship to patient _____ Occupation _____ Work phone# _____
SS# _____ - _____ - _____ Employer _____ No. years employed _____

Insurance Information:

Insured's name _____ SS# _____ - _____ - _____ Insurance company _____ Group # _____
Secondary insurance? If Yes:
Insured's name _____ SS# _____ - _____ - _____ Insurance company _____ Group # _____

Medical History:

Have you been under the care of a physician during the last five years? _____ Please elaborate _____
Drugs or medications now being taken / reasons _____
Have you had any of the following? Yes No (If yes, please circle):
Rheumatic fever, hepatitis, HIV, diabetes, heart disease, asthma, T.B., kidney or liver involvement, thyroid or hormonal imbalance, epilepsy, cerebral palsy, fainting, allergies (hay fever, etc.), bleeding problems, nervous disorders.
Are you in good health? _____ Please elaborate _____
Do you smoke? Yes No
Are you a mouth breather? Yes No
Injuries to face, head or teeth _____
Jaw joint problems? (TMJ), i.e. popping, clicking, pain, etc. _____
For emergencies, please give us the name of the nearest relative not living with you:
Name _____ Address _____ Phone _____

Dental History:

What is the primary concern about your teeth? _____
Last visit to dentist _____ Were X-Rays taken? Yes No
Difficulty chewing _____ Swallowing _____ Speaking _____
If treatment is recommended what kind of braces would you prefer? Traditional silver or clear braces Invisalign
Other orthodontic consultations and or treatment? Yes No
If yes: When _____ Where _____

Patient's Signature _____ Date _____

I have received a copy of the medical information privacy notice
Also, I understand that credit bureau reports may be obtained.