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Atlanta Orthodontic Specialists

WELCOME

To assist us in providing the most comprehensive care, please provide the following personal information and health history.

Thank you

PATIENT INFORMATION

Name _____
First Middle Last Nickname _____

Gender _____ Age _____ Date of birth _____ School _____ Grade _____

Dentist _____ Physician _____

Referred by _____ Was child adopted? _____

PARENT INFORMATION

Name _____ Name _____

Address _____ Address _____
If different

Home phone _____ Home phone _____

Mobile phone _____ Mobile phone _____

e-mail _____ e-mail _____

Employed by _____ Employed by _____

Work phone _____ Work phone _____

What are your chief concerns regarding your child's orthodontic condition? (overbite, crowding, function, esthetics, etc.)

Please describe your reasons for considering orthodontic treatment.

_____ Improved facial appearance

_____ Improved functional health

_____ Enhanced long-term dental health

Other _____

Please describe your child's attitude toward orthodontic treatment.

_____ Eager

_____ Complacent

_____ Antagonistic

Please complete other side →

MEDICAL HISTORY

Does your child have a history of any of the following? *Yes or no?*

- HIV
Asthma
Diabetes
Blood disorder
Epilepsy
Hepatitis
Heart problems
Glaucoma
Rheumatic fever
Frequent headaches
Tonsil or adenoid removal
Allergies (if yes, please list)

Is your child? *Yes or no?*

- In good health
Under a physician's care?
If yes, for what condition?

Please note any other factors the doctor should know about your child's health:

DENTAL HISTORY

- Thumb or finger sucking
Had primary teeth removed
Had permanent teeth removed
Injury to face or teeth
Night time teeth grinding
Clicking or pain when opening jaws
Speech problems

- Recent dental check-up? Date:
Previous orthodontic evaluation?

Date: _____

By whom? _____

- Previous orthodontic treatment?

Date: _____

By whom? _____

AUTHORIZATION

Payment is appreciated at the time services are provided. We will be happy to assist with the preparation of insurance claim forms for your reimbursement.

I have read Atlanta Orthodontic Specialists' Notice of Privacy Practices.

In the future, please advise the doctor of any changes in your child's medical or dental health while under care in this office.

Signature

Date