MARK JOINER, D.D.S. ORTHODONTICS FOR CHILDREN AND ADULTS

A B C

Confidential Patient Information

Date _____

Patient's Name _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Birthdate _____ Social Security _____

If patient is a minor, give parent's or guardian's name _____

Whom may we thank for referring you to our office? _____

Confidential Responsible Party Information

Name _____
Last First Middle Marital Status

Residence _____
Street City State Zip

Mailing Address _____
Street City State Zip

How long at this address? _____ Home Phone _____ Work Phone _____

Previous Address (if less than 3 yrs.) _____
Street City State Zip

Email _____ Cell Phone _____

Social Security # _____ Birthdate _____ Relationship to Patient _____

Employer _____ Occupation _____ No. Years Employed _____

Spouse's Name _____ Relationship to Patient _____
Last First Middle

Employer _____ Occupation _____ No. Years Employed _____

Social Security # _____ Birthdate _____ Work Phone _____

Email _____ Cell Phone _____

Orthodontic Insurance Information

Insured's Name _____ Insured's Soc. Sec. # _____

Insurance Company _____ Group No. _____ I.D. No. _____

Insurance Co. Address _____

Do you have dual coverage? Yes ☐ No ☐ If yes: _____

Insured's Name _____ Insured's Soc. Sec. # _____

Insurance Co. _____ Group No. _____ I.D. No. _____

Insurance Co. Address _____

Insured's Employer _____

Emergency Information

Name of nearest relative/friend not living with you _____ Relationship _____

Complete Address _____

Phone _____ Cell Phone _____

CONFIDENTIAL (for record and pre-treatment evaluation)

(Over)

Medical History

_____
Physician's name Date of last visit

Yes No

- ☐ ☐ Has your child ever been hospitalized?
- ☐ ☐ Has your child ever had major surgery?
- ☐ ☐ Is your child presently under a physician's care for any condition?
- ☐ ☐ Is your child taking any drugs or medications?
- ☐ ☐ Have the tonsils or adenoids been removed?
- ☐ ☐ Does your child have fainting or dizzy spells?

Has your child been diagnosed or treated for any of the following?

Yes	No		Yes	No	
☐	☐	Heart problems	☐	☐	Kidney problems
☐	☐	Allergies	☐	☐	Liver problems
☐	☐	Rheumatic fever	☐	☐	Hepatitis
☐	☐	Lung problems	☐	☐	Exposure to AIDS
☐	☐	Asthma	☐	☐	Diabetes
☐	☐	Bone problems	☐	☐	Prolonged bleeding
☐	☐	Epilepsy	☐	☐	Psychological problems
☐	☐	Arthritis	☐	☐	Anemia
☐	☐	Tuberculosis	☐	☐	Sleep Apnea

Please describe any pertinent medical history below:

_____

_____

_____

_____

Dental History

_____
Dentist's name Date of last visit

Yes No

- ☐ ☐ Is your child apprehensive about dental visits?
- ☐ ☐ Have there been injuries to the mouth or teeth?
- ☐ ☐ Does your child have any speech problems?
- ☐ ☐ Does your child breathe predominantly through the mouth?
- ☐ ☐ Does your child experience frequent headaches?
- ☐ ☐ Any clicking or pain in the jaw joints (TMJ)?
- ☐ ☐ Does your child clench or grind his/her teeth?
- ☐ ☐ Do you know of any extra permanent teeth?
- ☐ ☐ Do you know of any missing permanent teeth?
- ☐ ☐ Is there bleeding during brushing or flossing?
- ☐ ☐ Does your child still suck his/her thumb or finger?
- ☐ ☐ Have other family members had orthodontics? Who?_____
- ☐ ☐ Has your child previously had an orthodontic evaluation or treatment? Orthodontist:_____
- ☐ ☐ Is your child concerned about the appearance of his/her teeth?
- ☐ ☐ Are there any other dental/orthodontic problems Dr. Joiner should be aware of? _____

_____

_____

_____

Please give us an idea of your child's hobbies and interests:

_____

_____

_____

_____

Please list names and ages of other children in your family:

Name	Age
_____	_____
_____	_____
_____	_____

Where does your child attend school? _____

What seems to be your child's main orthodontic problem? _____

_____

How would you describe your child's attitude toward possible orthodontic treatment? _____

_____

I represent that the information on this form is accurate and correct. If there is a change in the information I have provided, I will promptly notify the office. I understand that where appropriate, credit bureau reports may be obtained.

Signature _____ Date _____

Updates (date & initial) _____