| Patient's Name: Last | | | First | | | | MI | Nickname | |
|--|--|---|---|---|---|--|---|--------------------------------------|---|
| Birthdate | Age | Sex | Home | Phone | | Person Fina | ncially Respon | sible | |
| Patient Street Address | | | *************************************** | City | , | | | State | Zip |
| School | | Grade | | Sports, Hobbies, | , Habits | | | | |
| Father's Name | | | Soc Sec # | | | | | Birthdate | |
| Home Phone | | | Cell F | Phone | | | Email | Additional control life control con- | |
| Employed By | | | | pation | | | - | ss Phone | |
| | | | Occu | Soc Sec # | | | Dusine | | |
| Mother's Name | | | Τ | 1 | | | T | Birthdate | |
| Home Phone | | | Cell F | 3 | V | | Email | | |
| Employed By | | | | Occupation | | | Busines | s Phone | 2 |
| PARENT'S MARITAL STATUS: SIBLINGS (Names and birthdate Have siblings had orthodontic tre Doctors Name Have parents had orthodontic tre Doctors Name Who referred you to our office? | atment? - Y | es 🗆 No | | | Ortho Prima Carrie Policy Seco Carrie | er: #:ndary Policy Holder: | □ Yes □ No | Group # | |
| | | | | | AL HISTORY | | | | |
| Dentist: | | | | | | | | | V N |
| Face, mouth, or tooth injuries? Any teeth removed (baby or perm | | | | | | | | | |
| Jaw fractures, cysts, or mouth inf | | | | | | | | | □ Yes □ No |
| Any extra teeth or congenitally m | | | | | | | | | □ Yes □ No |
| "Dead teeth" or root canal treatme | | | | | | | | | |
| Tooth grinding or clenching? | | | | Yes □ No | | | | | □ Yes □ No |
| Problems chewing or opening jav | v? | | | | | | | | |
| Family history of jaw size imbalar | nce? | | | Yes 🗆 No | Does patien | t want orthodontic | treatment? | | □ Yes □ No |
| AND DESCRIPTION OF THE OWNER OWNER OF THE OWNER OWN | EDICAL HIS | | | | | | DO | CTOR'S NOTES | |
| Physician: | | | | | | | | | - 2 |
| Last physical exam: | | | | | | | | | |
| Is patient in good health? Under a physician's care? | | | | | 11 | | | | |
| History of major illness or surgery | | | | | | | *************************************** | | |
| Taking any medication? | | | | | | | | | |
| Name of Medication: | | | | | ′ II — | | | | |
| Taken for: | | | | | | | | | |
| Has patient reached puberty? | V | 5 | | | | | | | |
| Girls – menstruation: | | | | □ Yes □ No | | | | | |
| Boys – voice change: | | | | □ Yes □ No | | | | | 2 |
| | | CHE | CK AND | V OF THE FOLLO | OWING BATH | ENT HAS OR HA | S HAD | | |
| □ Rheumatic heart disease □ Heart problems □ High or low blood pressure □ Stroke □ Diabetes □ Anemia □ Nervous condition □ Pneumonia | □ Tuberc□ Ulcer | ce roblem a or hay fever ulosis g problem | O.C.AIV | ☐ Kidney pr☐ Endocrin☐ Hepatitis☐ Sinus pro☐ Pain in o☐ Ringing i | roblem e problem oblems r near ears n ears or dizziness | □ Mu □ Ch □ Ve □ Me □ Fre □ Art | mps icken Pox neral disease asles quent colds | | a Allergies a Reaction to drugs a Tonsils removed a Adenoids removed b Wisdom teeth removed a Clicking jaw joint b Frequent headaches b Periodontal disease |
| History given by: X | HOW WAS REED IN | earthe value | a communic | a comment a memoral or | | Date: | | Dr. Review | N |

| | | | | – L | | | | | | | | |
|---|-----|--------------|---|------------|-----------|------------|-------|---|---|---|--------------|---|
| | | | | _ | 7 | 6 | 5 | 4 | 4 | 5 | 6 | 7 |
| | 1 | | | | | | | | | | | |
| Chief complaint: | | | | | Soft tiss | sue exam | | | - | | | |
| M P I | 11 | | | | Frenum | : | | | | | | |
| OB: | % (| OJ: | × | mm | Tonsils | and ader | oids: | | | | | |
| Crossbites: | | | | | Oral hy | giene: | | | | | | |
| Midline: MX to facial _ | | MD to M | X | | Caries | visible: | | | | | | |
| Arch length: MX | | _mm / MD | | mm | Disposi | tion of ca | se: | | | | | |
| _ip line: | l | _ip posture: | | | | | | | | | | |
| Facial symmetry: | | - | | | | | | | | | | |
| Profile: | | | | | Expecte | ed duratio | n: | | | | | |
| TMJ: R | | _ L | | | Estimat | ed fee: _ | | | | | | |
| | | | | | | | | | | | | |
| Max opening (A to A) | | | | mm | Extracti | ons need | ed: | | | | | |
| Max opening (A to A) _ Lateral movement: R: nments: | | mm / L | | mm | | | | | | | | |
| _ateral movement: R: | | mm / L | | mm | | | | | | | | |
| _ateral movement: R: | | mm / L | | mm | | | | | | | | |
| _ateral movement: R: | | mm / L | | mm | | | | | | | | |
| _ateral movement: R: | | mm / L | | mm | | | | | | | | |
| _ateral movement: R: | | mm / L | | mm | | | | | | | | |
| _ateral movement: R: | | mm / L | | mm | | | | | | | | |
| _ateral movement: R: | | mm / L | | mm | | | | | | | | |
| _ateral movement: R: | | mm / L | | mm | | | | | | | | |
| Lateral movement: R: | | mm / L | | mm | | | | | | | | |
| _ateral movement: R: | | mm / L | | mm | | | | | | | | |

BAND SIZES

EXISTING