



We are pleased to welcome you to our practice. Please take a few minutes to fill out the form as completely as you can. Please ask us if you have any questions.

**Patient Information**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient \_\_\_\_\_  
First Name M.I.

\_\_\_\_\_ Last Name

Prefers to be called: \_\_\_\_\_  
Common Name

Address \_\_\_\_\_

\_\_\_\_\_ City State Zip

Home Phone: \_\_\_\_\_

Sex:  M  F

Age \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Family Dentist:** \_\_\_\_\_

Last Dental Visit (month) \_\_\_\_\_ (year) \_\_\_\_\_

Referred By:  
 Family Dentist  
 Other: \_\_\_\_\_

**Reason for consultation (Chief Complaint):**  
 \_\_\_\_\_

Have other family members been treated at our office?  
 Yes  No If so, who?  
 \_\_\_\_\_

Have you been seen by another orthodontist?  Yes  No

**If patient is employed:**

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

**If patient is a minor:**

**Father's Name** \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

**If patient is a student:**

School \_\_\_\_\_ Grade \_\_\_\_\_

**If patient is married:**

Spouse's Name \_\_\_\_\_

**Person(s) responsible for this account:**  
 Self  Father  Mother  Other

**If other:**

Name \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Phone \_\_\_\_\_

**Confirming Appointments**

Home Phone  Text Message  E-Mail  Other

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_