

**WELCOME!**

Thank you for selecting our orthodontic healthcare team! We will strive to provide you with the best possible orthodontic care. Please complete both sides of this health history form in ink prior to coming to our office. All information will be kept confidential. If you have any questions or need assistance, please ask—we'll be happy to help.

**MEDICAL-DENTAL HISTORY FORM FOR PATIENTS UNDER 18 YEARS OF AGE**

<b>CONTACT INFORMATION:</b>			
Patient's name: (Last)	(First)	(Middle)	
Birthdate: / /	Sex: Male ( ) Female ( )	Home Phone:	
Patient's mailing address:			
City/Town:	State:	Zip	
Parent or Guardian's Name:	Relationship:		
Work Phone #	Cell Phone #		
Parent's marital status: Single ( ) Married ( ) Widowed ( ) Separated ( ) Divorced ( )			
In case we can not reach you: Person to contact:			Phone:
<b>MEDICAL INFORMATION: (Please also complete questions on back of this form)</b>			
Name of patient's dentist:	Phone # ( )		
Address:	City/Town:	State:	Zip:
Date of most recent dental examination: / /			
How often does the patient brush their teeth?		Floss?	
Name of patient's primary care physician:			Phone:
Address:	City/Town	State:	Zip:
<b>PERSONAL INFORMATION:</b>			
Name of brothers and sisters (include ages):			
Any other family members treated in our office?			
Patient's present weight:		Present height:	
Patient's Interests: musical instrument played?		Favorite sports? Hobby?	
Patient's school:			
<b>INSURANCE INFORMATION:</b>			
Orthodontic Insurance Coverage: Yes ( ) No ( )			
Primary (Dental) Insurance Company:		Policy #:	
Secondary (Dental) Insurance Company:		Policy #:	
Name of Insured:		Phone #:	
Social Security Number:		Date of Birth:	
Mailing address of insured: (if different than patient information above)			
City/Town:		State:	Zip:
Employer of Insured:		Phone #:	

**Our office maintains strict confidentiality of all patient records. It is for that reason that we ask you to sign below as permission to release diagnostic findings to the patient's dentist.**

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

