NEW PATIENT FORM - CHILD

PATIENT INFORMATION

Name	Date of Birth	Gender
Rosemary Frederickson	2020-12-10	Female

Address
123 Main Street
San Remo, California 123654
Thailand

Phone
555-666-8888

Email
ildikopap@yahoo.ca

Would you like email reminders for appointments?
Yes

PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian
Johnny Castelli

Phone (Cell)	555-999-8888	**Phone (Work)**	555-999-7777
Occupation	Engineer	**Employer**	Carlton Architects

Secondary Parent/Guardian
Pheona Hodgeson

Phone (Cell)	555-999-7777	**Phone (Work)**	555-666-3333
Occupation	Architect	**Employer**	Sol Interiors

Sibling's Names
Sally, Jamie, Donald

DENTAL INFORMATION

Dentist's Name
Carry Fisher

Referral Source
Friend

Do you have dental insurance covering orthodontics? Yes

Main Concern / Reason for Consultation
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Please Note

- Regular visits to your dentist must continue during orthodontic treatment.
- Some appointments will infringe on school time or work.

MEDICAL HISTORY

Have you or have you ever had any of the following?

- [X] Rheumatic Fever
- [ ] Lung problems
- [ ] Heart problems
- [ ] Diabetes
- [ ] Epilepsy
- [X] Liver problems
- [ ] Chronic kidney problems
- [ ] Prolonged bleeding

When was your last dental checkup and cleaning? 2020-12-19

Do you have any allergies? Yes	**What allergies do you have?** Lorem ipsum dolor sit amet, consectetur adipiscing elit.
Do you have any condition that could affect your immune system (e.g. AIDS, HIV, or Leukemia?) Yes	**Describe the condition that could affect your immune system** Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.
Do you have any medical problems? Yes	**Describe your medical problem** Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.
Do you take medication? Yes	**What medication do you take?** Lorem ipsum dolor sit amet, consectetur adipiscing elit
Do you play any musical instruments? Yes	**What musical instruments do you play?** Lorem ipsum dolor sit amet, consectetur adipiscing elit
For females, have you reached menarche (monthly periods)? Yes	**When did you reach menarche?** 2020-12-17

Do you have any of the following habits?

- [ ] Thumb/sooth sucking
- [ ] Mouth breathing
- [X] Nail biting
- [X] Snoring
- [ ] Grinding teeth at night

Has any member of the family had any orthodontic treatment? Yes	**Have you had any previous orthodontic consults or treatment?** Yes

PERMISSION & SIGNATURE

✔ I give permission to allow the clinic to report any findings to my dentist or any other dental professional as they deem necessary. I also give permission for any records made in the process of examination, treatment and retention to be used for purposes of research, education or publication in professional journals.

Signature