



Sanchez & Craig Orthodontics

CHILD ORTHODONTIC ACQUAINTANCE CARD

Name _____ Date of Birth _____

Name Patient Prefers to be Called _____

Age _____ Sex: Male _____ Female _____ Telephone _____

Home Address _____ Zip _____

School _____ Grade _____

Hobbies and Interests _____

Father's Name _____ SS # _____

Employed by _____ Present Position _____

Business Address _____ Phone _____

Mother's Name _____ SS # _____

Employed by _____ Present Position _____

Business Address _____ Phone _____

Parent's Marital Status: M _____ S _____ D _____

Person Responsible for Account _____

Name/Ages of Other Children in Family _____

Other Family Members Treated in Our Office _____

Whom may we thank for referring you? _____

Orthodontic Insurance: Yes _____ No _____ Carrier _____

SS# of Insured _____ DOB of Insured _____



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MEDICAL AND DENTAL HISTORY

Patient's Dentist _____

Date of Last Appointment _____ Phone _____

Has an orthodontist been consulted previously? _____ When? _____

Patient's Physician _____ Phone _____

Is the patient under the care of a physician for a specific problem? Yes _____ No _____ If yes, list _____

List any medicines your child is taking _____

List any drug sensitivities _____

PLEASE CHECK THE FOLLOWING AS THEY APPLY

_____ Pre-medication for any medical/dental procedure

_____ AIDS

_____ Head or facial injury

_____ Rheumatic fever

_____ High Blood Pressure

_____ Nervous problems

_____ Diabetes

_____ Allergies or Asthma

_____ Bleeding problems

_____ Tonsillitis

_____ Epilepsy

_____ Hearing disorder

_____ Adopted

_____ TB

_____ Heart trouble

_____ Arthritis

_____ Ear infections

_____ Endocrine problems

_____ Hepatitis/Liver disease

Have there been any injuries to the face, mouth, or teeth? Yes _____ No _____ Explain: _____

Has the patient ever sucked a thumb or finger? Yes _____ No _____ Until what age? _____

What part of your child's orthodontic problem concerns you most? _____

Additional information which you feel would help make your child's association with us more enjoyable

Signature _____ Date _____

Parent/Legal Guardian