

WELCOME TO OUR OFFICE !

Patient's Name: _____
Sex: _____ Age: _____ Date Of Birth: _____ Social Security #: _____
Home Phone: _____ Cell Phone: _____ E-Mail: _____
Home Address/Mailing Address: _____
Employer's Name/Work Phone #: _____
Dentist Name: _____ Did Dentist Refer You? _____
Date of Last Dental Check-Up/Cleaning _____
Who else may we thank for referring you to our office? _____
Names of other family members treated or seen by Dr. Stich: _____
Patient's interests or hobbies? _____
Is there any other information that may be helpful? _____
What would you like to see orthodontics accomplish? _____

HEALTH HISTORY

	Yes	No	
Are you in good health?	___	___	If no, reason: _____
Any major or unusual illnesses?	___	___	If yes, explain: _____
Currently taking medication?	___	___	If yes, please list: _____
Allergies?	___	___	If yes, please list: _____
Drug sensitivities?	___	___	If yes, please list: _____

Please check if you have/had any of the following:

Yes	No	Yes	No	Yes	No
___	___	___	___	___	___
___	___	___	___	___	___
___	___	___	___	___	___
___	___	___	___	___	___
___	___	___	___	___	___
___	___	___	___	___	___
___	___	___	___	___	___

DENTAL HISTORY

Yes No
___ ___ Have you had any severe head or face injuries? Explain: _____
___ ___ Have you consulted an orthodontist previously?
___ ___ Have you had any previous orthodontic treatment? Explain: _____
___ ___ Headaches (more than normal)
___ ___ Jaw Joint Clicking/Popping
___ ___ Clenching/Grinding
___ ___ Jaw Joint Locking

SPOUSE INFORMATION (if applicable)

Spouse's Name: _____ Date of Birth: _____
Address/Home Phone # (only necessary if different from patient): _____
Employer's Name/Work Phone #: _____

EMERGENCY INFORMATION

Name and Phone #: _____

The above information is accurate and complete to the best of my knowledge. I understand, where appropriate, credit reports may be obtained if necessary for financial planning.

DATE: _____ SIGNATURE: _____

Is patient covered by dental insurance? _____ If so, please complete the attached insurance form.