DAVISON ORTHODONTICS

Name _____ Preferred Name _____
Last First MI

Home Address _____

_____

Date of Birth _____ Age ___ Male___ Female___ Marital Status _____

Cell Phone _____ Home _____ Work _____

Email _____ Preferred Method of Contact _____

Place of Employment _____ Occupation _____

Spouse's Name _____ Preferred Phone_____

Place of Employment _____ Occupation _____

Your Hobbies/ Interests _____

Specific concerns about your smile _____

Dentist _____ Family members seen by us _____

Who may we thank for referring you? _____

Responsible Party

Name _____ Relationship _____

Address *(if different from yours)* _____

_____

Cell Phone _____ Home Phone _____

Email _____ Preferred Method of Contact _____

Primary Insured Name _____ S.S. # of Insured _____

Insurance Company _____ Date of Birth _____

Secondary Insured Name _____ S.S. # of Insured _____

Insurance Company _____ Date of Birth _____

_____ _____ _____
Signature Printed Name Date

DAVISON ORTHODONTICS

DENTAL AND MEDICAL HISTORY

Please circle any items that apply to you.

CONCERNS
Crowding
Spacing
Misaligned teeth
Overbite
Protrusion of teeth
Receded jaw
Prominent jaw
Missing teeth
Periodontal (gum) disease
Irregular teeth (shape, color)
TMJ pain/ disorder

DENTAL HISTORY *(Past or present)*
Injury to teeth/ jaw/ face
Jaw or face pain
Clicking/ popping/ locking of jaw
Clenches jaw/ grinds teeth
Thumb/ finger habit
Chews on object (nails, pens, other)
Tongue thrust
Mouth breathing

Have you had a previous orthodontic evaluation? _____

MEDICAL HISTORY *(Past or present)*
ADD/ ADHD
Allergies
Asthma
Autoimmune disorder
Blood disease
High blood pressure
Bone disease/ arthritis
Diabetes
Delayed growth
Eating disorder
Emotional concerns
Endocrine disorder
Epilepsy/ seizures/ fainting spells
HIV+/ AIDS
Heart disease
Heart murmur
Hepatitis
Hearing impairment
Pregnant/ possibly pregnant
Speech impairment
Tonsils/ adenoids removed

CURRENT MEDICATIONS *(please list)*:
_____
_____
_____

ALLERGIES
Latex Nickel Plastic
Medications _____
Other _____

Emergency Contact Name _____ Phone _____

Please provide any additional information you feel is important _____
_____
_____

_____ _____ _____
Signature Printed Name Date