



Welcome to Bruner Orthodontics! Please fill out our orthodontic acquaintance form.

PLEASE PRINT

Patient's Name _____ Date _____
 Nickname _____ Sex _____ Age _____ Birthdate _____
 Address _____ Home Phone _____
 City _____ Zip _____ Home Email _____
 Mother's Name _____ SS# _____ Mom Cell _____
 Employed By _____ Work Phone _____
 Dental Ins. Co. _____ Dental ID# _____ Group # _____
 Father's Name _____ SS# _____ Dad Cell _____
 Employed By _____ Work Phone _____
 Dental Ins. Co. _____ Dental ID# _____ Group # _____
 Other (Step-Parent, Guardian, etc.) _____ Phone _____
 Employed By _____ Work Phone _____
 Dental Ins Co. _____ Dental ID# _____ Group # _____
 Person Responsible for account _____ Custodial Parent _____
 Patient's Dentist _____ Date of Last Cleaning _____
 Referred By _____
 Family history of orthodontics _____
 Siblings? Please list names and ages _____

Medical and Dental History

Patient's School: _____

Describe Patients Health _____

Does patient have any medical problem we should know about? Yes _____ No _____ If yes, please describe _____

Patient's Physician _____

Does the patient take any medications? Please list _____

Does the patient have any known allergies? Please list _____

Approximate parent's heights: Mother _____ Father _____ Projected height, if known _____

Females: Patient's approx age of onset of menstruation _____ Is the patient pregnant? Yes _____ No _____

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

Has the patient had or have any of the following? If yes, please describe:

Sleep Apnea	Y N	Hepatitis	Y N	Herpes / canker sores	Y N
Heart trouble	Y N	Epilepsy	Y N	Prolonged bleeding	Y N
Glaucoma	Y N	Nervous disorders	Y N	Anemia	Y N
Rheumatic fever	Y N	Fainting or dizziness	Y N	Allergies	Y N
Diabetes	Y N	Asthma	Y N	AIDS or HIV Positive	Y N
History of drugs or alcohol	Y N				

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

Has the patient been informed of missing or extra teeth? _____

Is the patient a mouth breather? Yes _____ No _____ Tongue thruster? Yes _____ No _____

What is the reason for seeking orthodontic treatment? _____

Responsible Party Signature
