



SANBORN ORTHODONTICS

Welcome!!! We would like to welcome you to our office. In an effort to provide the best service possible, we ask you to fill out this form as completely as possible. Thank you for your cooperation.

Patient Information

Name _____
 Last First Middle Sex

Address _____
 Street City State Zip

Birthdate _____ Email _____ Social Security # _____
 MM/DD/YYYY

Home Phone _____ General Dentist _____ Last Visited _____
 999-999-9999

Who may we thank for referring you to our office? _____

Parent Information

Father

Name _____
 Last First Middle

Address _____
 Street City State Zip

Birthdate _____ Email _____ Social Security # _____
 MM/DD/YYYY

Home Phone _____ Cell Phone _____ Work Phone _____
 999-999-9999 999-999-9999 999-999-9999

Employer _____ Occupation _____ No. Yrs. Employed _____

Mother

Name _____
 Last First Middle

Address _____
 Street City State Zip

Birthdate _____ Email _____ Social Security # _____
 MM/DD/YYYY

Home Phone _____ Cell Phone _____ Work Phone _____
 999-999-9999 999-999-9999 999-999-9999

Employer _____ Occupation _____ No. Yrs. Employed _____

Insurance Information

Policy Owner's Name _____ Policy Owner's Employer _____

Insurance Company _____ Group Number _____
 (plan, local, or policy)

Insurance Co. Address _____ Insurance Phone No. _____
 999-999-9999

Continuation Frequency _____ Do you have dual coverage? _____
 (Monthly, Quarterly, Semi-Annually, Annually, Never) (if yes, please fill out the "Secondary Insurance" section of this form.)

Secondary Insurance

Policy Owner's Name _____ Policy Owner's Employer _____

Insurance Company _____ Group Number _____
(plan, local, or policy)

Insurance Co. Address _____ Insurance Phone No. _____
999-999-9999

Continuation Frequency _____
(Monthly, Quarterly, Semi-Annually, Annually, Never)

General Information

School _____ Hobbies _____

Brothers/Sisters _____
(Include Ages)

Medical History

Medical Physician _____ Phone No. _____
Last Visit _____

Is the child currently under the care of a physician? Yes No

If yes, explain _____

Is the child currently taking any medications? Yes No If yes, explain: _____

Has puberty begun? Yes No Has menstruation (period) begun? Yes No N/A

Is the patient allergic to any of the following? Aspirin Codeine Tetracycline Erythromycin
 Penicillin Latex Any Metals/Plastics Other allergies/sensitivities: _____

Circle any of the medical conditions below that the patient has had or currently has:
Abnormal bleeding/Hemophilia Diabetes Hepatitis/Liver problems Pneumonia
Anemia Dizziness Herpes Radiation therapy
Arthritis Epilepsy High Blood Pressure Rheumatic Fever
Asthma/Hayfever Gastrointestinal Disorder HIV/AIDS Tuberculosis
Bone Disorders Heart Problems Kidney Problems Tumor or Cancer
Congenital Heart Defect Heart Murmur Nervous Disorders

Are there any medical conditions we have not discussed? _____

Dental History

What are the main concerns that you would like orthodontics to accomplish? _____

Has the patient ever been evaluated for orthodontic treatment? _____

Has the patient's tonsils or adenoids been removed? Yes No

Has the patient ever experienced jaw joint pain/clicking/discomfort (TMJ/TMD)? Yes No

Does the patient have any missing or extra permanent teeth? Yes No Not Sure

Has the patient ever had an injury to: Teeth Mouth Chin (select all that apply)

Does/Has the patient ever have/had any of the following habits? Lip sucking/Biting Tongue Biting

Clenching/Grinding Teeth Mouth Breather Thumb/Finger Sucking Prolonged Bottle/Pacifier Nail Biting

Does the patient have speech problems? Yes No If yes, explain _____

Signature

I understand that the information that I have provided is correct to the best of my knowledge, that it will be held in the strictest of confidence and that it is my responsibility to inform the office of any changes in my child's medical status.

I hereby authorize the release of any information related to insurance claims. I consent to the examination by the doctor and I authorize payment of any insurance benefits to the office.

I understand that where appropriate, credit bureau reports may be obtained.

Signature _____ Date _____