BENEDICT ORTHODONTICS

Orthodontic Registration

Member American Association of Orthodontists

CHILD'S INFORMATION

Today's date: _____ M ____ F _____
Name: _____
Preferred name: _____
Birth Date: _____ Age: _____
School: _____ Grade:_____
Home Phone#: _____Cell#: _____
Home Address: _____
_____
List siblings/ages: _____
_____
Parent's marital status: Single Married
Separated Widowed Divorced

FATHER'S INFORMATION

Name: _____
Birth Date: _____
Home#: _____
Work#: _____Cell#: _____
Email address: _____
Employer: _____
Employer Address: _____
Position: _____
SS#: _____

MOTHER'S INFORMATION

Name: _____
Birth Date: _____
Home#: _____
Work#: _____Cell#: _____
Email address: _____
Employer: _____
Employer Address: _____
Position: _____
SS#: _____

RESPONSIBLE PARTY

Name: _____
Relation: _____
Billing address: _____
Home#: _____
Work#: _____Cell#: _____
Employer: _____
Employer Address: _____
_____
SS#: _____

PRIMARY ORTHODONTIC INSURANCE

Orthodontic coverage?: Yes ___ No _____
Insurance Co. Name: _____
Insurance Co. Address: _____
Insurance Co. Phone#: _____
Group# (Plan, Local, or Policy#): _____
Policy Holder's Name: _____
Policy Holder's Birth Date: _____
SS#: _____
Policy Holder's Employer: _____

SECONDARY ORTHODONTIC INSURANCE

Orthodontic coverage?: Yes ___ No _____
Insurance Co. Address: _____
Insurance Co. Phone#: _____
Group# (Plan, Local, or Policy#): _____
Policy Holder's Name: _____
Policy Holder's Birth Date: _____
SS#: _____
Policy Holder's Employer: _____

MEDICAL HISTORY

Y	N	Abnormal bleeding
Y	N	Allergies to any drugs
Y	N	Allergic to Latex or Metals
Y	N	Allergic to Plastics
Y	N	Any Hospital Stays
Y	N	Any Operations
Y	N	Asthma
Y	N	Cancer
Y	N	Congenital Heart Defects
Y	N	Convulsions/Epilepsy
Y	N	Diabetes
Y	N	Handicaps/Disabilities
Y	N	Hearing Impairment
Y	N	Heart Murmur
Y	N	Hemophilia
Y	N	Hepatitis
Y	N	HIV+/AIDS
Y	N	Kidney/Liver Problems
Y	N	Rheumatic Fever/Scarlet Fever
Y	N	Seasonal Allergies
Y	N	Tuberculosis

Please discuss any medical issues your child has had: _____

Who referred you to our office? _____
_____

General Dentist: _____
Last Dental Visit: _____
Why did parent seek this orthodontic consultation?_____
_____
Has your child ever been evaluated or had orthodontic treatment before? Y N
Have there been any injuries to the face, mouth, teeth or chin? Y N
List any musical instruments played:
_____
Have adenoids or tonsils been removed? Y N
Has your child been informed of any missing or extra permanent teeth? Y N
Has your child ever had any pain or tenderness in the jaw joint? Y N
Does your child brush his/her teeth daily? Y N
Does your child floss his/her teeth daily? Y N
Child's physician: _____
Physician address: _____
_____
Physician phone number: _____
Last visit to physician: _____
Is your child currently under the care of a physician? Y N
Please describe your child's current general physical health:
Good _____ Fair _____ Poor _____
Please list all drugs your child is currently taking:
_____
_____
Please list all drugs that your child is or may be allergic to: _____
_____
Briefly explain any other physical, mental, or emotional conditions we need to be aware of:
_____
_____
_____
_____
_____
_____

DOES/DID YOUR CHILD HAVE ANY OF THE FOLLOWING HABITS?

Y N Clenching/Grinding teeth
Y N Lip Sucking/Biting
Y N Mouth Breathing
Y N Nail Biting
Y N Nursing Bottle Habits
Y N Snoring
Y N Speech Problems
Y N Thumb/Finger Sucking
Y N Tongue Thrust

EMERGENCY INFORMATION

Name of nearest relative not living with you:
_____
Relationship to patient: _____
Complete address: _____
_____
Phone number: _____

I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE MEDICAL/DENTAL HISTORY AND THAT IT IS ACCURATE TO THE BEST OF MY KNOWLEDGE AT THIS TIME. IF THERE ARE ANY FUTURE CHANGES IN THE INFORMATION, I WILL INFORM DR. BRIAN BENEDICT AND/OR HIS STAFF IMMEDIATELY.

_____ _____
Signature Date

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of this office's Notice of Privacy Practices.

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:
□ Individual refused to sign
□ Signature of witness: _____
Date: _____