bruner orthodontics
compassionate hearts • outstanding results

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 _____ Mom Cell _____
Employed By _____ Work Phone _____
SS#_____ Ins. Co._____ Group # _____
Father's Name_____ Dad Cell _____
Employed By _____ Work Phone _____
SS# _____ Ins. Co. _____ Group # _____
Other (Step-Parent, Guardian, etc.)_____ Phone _____
Employed By_____ Work Phone _____
SS# _____ Ins. Co. _____ 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

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? If yes please list _____
Approximate Parent's Heights: Mother_____ Father _____ Projected height, if known _____
Females: Patient's Approx age of onset of Menstruation _____ Are you pregnant? Yes___ No___
Have there been any injuries to face, mouth or teeth? Yes ____ No ____

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
Herpes/Canker Sores	Y	N	Hepatitis	Y	N	History of Drugs or Alcohol	Y	N

Has the patient have or had any of the following?
If yes, please describe _____
Has the patient ever sucked a thumb or fingers? Yes ____ No _____ Until what age? _____
Have you 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