YORK MILLS ORTHODONTICS

Child Orthodontic Acquaintance Form

Name: ____ Date: ____________________

Date of Birth: M/D/Y______________ Age: _____ Sex: _______ School: ______________________________ Grade: _____

Home Address: ___________________________ City: ______________ Postal Code: __________ Tel: ____________________

Number of Children in Family: ______ Age & Names of Other Children: ______________________________________

Patient's Dentist: ______________________ Tel: _____________ Family Physician: ______________________ Tel: _____________

Who may we thank for referring you? ____

Mother's Name (if applicable): ___________________________________ Home Tel: _______________ Work Tel: _______________

Father's Name (if applicable): ___________________________________ Home Tel: _______________ Work Tel: _______________

Person Responsible for Account: _________________________________

Address: ________________________________ City: ______________ Postal Code: __________ Tel: ____________________

Do you have an insurance plan that covers orthodontic treatment? ❏ Yes ❏ No

MEDICAL HISTORY - HAVE YOU BEEN TREATED FOR ANY OF THE FOLLOWING?

Rheumatic Fever	❏ Yes ❏ No	Tuberculosis	❏ Yes ❏ No	Diabetes	❏ Yes ❏ No
Heart Murmur	❏ Yes ❏ No	H.I.V./A.I.D.S.	❏ Yes ❏ No	Kidney Disorder	❏ Yes ❏ No
Mitral Valve Prolapse	❏ Yes ❏ No	Hepatitis A, B, or C	❏ Yes ❏ No	Liver Disease	❏ Yes ❏ No
Heart Disease	❏ Yes ❏ No	Sexually Transmitted Diseases	❏ Yes ❏ No	Asthma	❏ Yes ❏ No
Artificial Heart Valve	❏ Yes ❏ No	Blood Disease	❏ Yes ❏ No	Arthritis	❏ Yes ❏ No
Artificial Joints	❏ Yes ❏ No	Prolonged Bleeding	❏ Yes ❏ No	Other ____________________	

If you responded YES to any of the above, please give pertinent information: ______________________________________

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Is the child in good health? ____

Does the child have any history of major illness and/or operations? __________________________________

List any drugs or medication now being taken: Please give reasons: __________________________________

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List any allergies or drug sensitivities ____

Does the child have a tendency to colds? ________________ Sore Throats? ______________ Ear Infections? ______________

Have tonsils or adenoids been removed?____ at what age?______________

Has the patient reached puberty? Girls-Has menstruation started? ❏ Yes ❏ No Boys-Has voice changed yet? ❏ Yes ❏ No

DENTAL HISTORY

Has the child ever been treated for a jaw joint problem, including surgery? ❏ Yes ❏ No

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

Has the child ever sucked his/her thumb or finger? ❏ Yes ❏ No Until what age? ________

Does the child have any speech problems? ❏ Yes ❏ No

Does the child have frequent canker or cold sores? ❏ Yes ❏ No

Is the child a mouth breather? While Asleep: ❏ Yes ❏ No While Awake: ❏ Yes ❏ No

Have you been informed of any missing or extra permanent teeth? ❏ Yes ❏ No

Has the child ever had a previous orthodontic examination? ❏ Yes ❏ No

Is the child especially apprehensive toward dental visits? ❏ Yes ❏ No

Does the child want orthodontic treatment? ❏ Yes ❏ No

Has any other family member had braces or orthodontic treatments? ❏ Yes ❏ No

If yes, name of family member if treated in our office: ____

When did the child last see the family dentist? ____

List any sports, hobbies or musical instruments ____

Reason for orthodontic consultation: ____

INFORMED CONSENT: I hereby give Dr. David Morrow and/or members of his staff permission to collect all relevant personal information and to release this information concerning me or my child's dental and/or orthodontic health to the family physician, dentist or any other dental specialist as is deemed necessary. Such information includes x-rays and other diagnostic records which pertains to the initial condition, diagnosis, proposed treatment or treatment in progress. Financial information will be used specifically for billing purposes. We will provide the highest level of confidentiality with respect to the collection and disclosure of all personal information regarding you and/or your child that is provided to us.

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Signature of Parent or Guardian Date