

REEN & WILLCUTTS ORTHODONTICS

David B. Reen, D.M.D., MS

Sean T. Willcutts, D.M.D.

ORTHODONTIC ACQUAINTANCE FORM

Name of Patient _____ Sex _____ Birthdate _____ Age _____

Street _____ Town _____ State _____ Zip Code _____

Tel. _____ Cell Phone _____ E-mail _____

School _____ Grade _____ Activities _____

Father / Guardian _____ Occupation _____ Bus. Phone _____

Mother / Guardian _____ Occupation _____ Bus. Phone _____

Names and Ages of Other Children in Family _____

Family Dentist _____ Family Physician _____

Referred to this office by _____

Name and Address of Person Responsible for Payment of Account _____

MEDICAL HISTORY

Diabetes	_____	Anemia	_____	Prolonged Bleeding	_____
Rheumatic Fever	_____	Bone Disorders	_____	Fainting or Dizziness	_____
Tuberculosis	_____	Pneumonia	_____	Tonsils Removed	_____
Epilepsy	_____	Heart Disorders	_____	Adenoids Removed	_____
Asthma	_____	Endocrine Problems	_____	Hepatitis	_____
Nervous Disorders	_____	Arthritis	_____	Other	_____

Yes or No

Is the Patient in Good Health? _____

Is the Patient Presently under a Physician's Care? Reason _____

Is the Patient taking any Drugs or Medications? List _____

Does the Patient have a Tendency to Colds _____, Sore Throats _____, Ear Aches _____?

Any Allergies or Drug Sensitivities? List _____

Does the Patient have any History of Major Illness? List _____

Patient's Height _____ Weight _____ Father's Height _____ Mother's Height _____

DENTAL HISTORY

Yes or No

Have you been informed of any Missing or Extra permanent Teeth? _____

Has the Patient had any injuries to the Face, Mouth or Teeth? _____

Have any Teeth had Root Canal Treatment? _____

Has the Patient ever sucked a thumb or fingers? Until what age? _____

Is the Patient a mouth breather? While asleep _____ While awake _____

Does the Patient have Pain, Clicking or Popping Noises While Chewing or Opening _____

Does the patient have any speech problems? _____

Has an Orthodontist been consulted previously? _____

Reason for consultation _____

Date _____ Parent or Guardian's Signature _____