

CHILD ORTHODONTIC ACQUAINTANCE FORM



INFORMATION

Patients' Name: First _____ Last _____

Date of Birth: D _____ M _____ Y _____ Age: _____ E-mail Address: _____

Home Address: _____ City: _____ Postal Code: _____ Tel: _____

Patients' Dentist: _____ Date of Last Visit: _____ Family Physician: _____ Tel: _____

How did you hear about MCO Orthodontics? _____

Mother/Guardian's Name: _____ Home Tel: _____ Work Tel: _____ Cell Tel: _____

Father/Guardian's Name: _____ Home Tel: _____ Work Tel: _____ Cell Tel: _____

MEDICAL HISTORY

Are there any medical conditions and/or operations in the past or present that we should be aware of? Yes No

(If Yes) Please specify:

Is your child currently taking any drugs or medication? Yes No Please List: _____

Does your child have any allergies or drug sensitivities? Yes No Please List: _____

DENTAL HISTORY

Has your child ever been treated for a joint problem, including surgery? Yes No

Has your child ever had any injuries to your face, mouth or teeth? Yes No If yes, please specify _____

Has your child ever sucked his/her thumb or finger? Thumb Yes No Stopped at Age _____

Finger Yes No Stopped at Age _____

Does your child have difficulties with speaking? Yes No

Does your child breathe predominantly through the mouth? Yes No

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

Is your child especially apprehensive towards dental visits? Yes No

Do you want orthodontic treatment for your child? Yes No

Does your child want orthodontic treatment? Yes No

Has your child ever had an orthodontic examination? Yes No

Reason for orthodontic consultation: _____

RELEASE OF INFORMATION: I hereby give MCO Orthodontics permission to release information concerning my dental and/or orthodontic health to my family physician, dentist, any other dentist specialist or my insurance company as is deemed necessary, and for teaching as well as internal office purposes. This information includes x-rays and other diagnostic records pertaining to the initial condition, diagnosis, proposed treatment or treatment in progress.

Signature of Parent or Guardian

Date

Thank you for choosing MCO Orthodontics!