BRADY & FORD
ORTHODONTICS

Patient Information

Name Last First Middle
☐ Male ☐ Female

Name Preferred

Date of Birth Age

Address

City State Zip

School

Patient's Hobbies / Interests

Responsible Party Information

Name Last First Middle

Relationship to Patient

Address

City State Zip

Employer

Cell Home

Work Email Address

☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed

Partner's Name

Insurance Information

Insured's Name

Employer

Insurance Company

Name of person completing form

Policy Holders Employer Name

Policy Holders Name

Policy Holders Date of Birth | Policy Holders SS#

Ins Company Name

Subscriber ID#

Medical/Dental History

General Dentist Last Dental Visit

Physician's Name

Is the patient under the care of a physician for a specific reason at this time? ☐ Yes ☐ No

Comments:

Are you taking any perscription medication? ☐ Yes ☐ No

If so, which ones?

Are you taking medications for osteoporosis or osteopenia?

List any drug sensitivities: ☐ Yes ☐ No

Adolescent patients only: Has this patient reached puberty?

Please check all the following that apply:

☐ Diabetes ☐ TMJ Pain ☐ AIDS/HIV
☐ Epilepsy ☐ Bone Disorder ☐ Kidney Problems
☐ Hepatitis ☐ Heart Condition

Questions for Airway: Does the patient have a history of?

☐ Mouthbreathing ☐ Sinus Problems ☐ Being easily tired
☐ Snoring ☐ Nasal Congestion ☐ Daytime fatigue
☐ Diabetes ☐ Asthma ☐ Difficulty sleeping
☐ Tonsils or adenoid conditions ☐ High blood pressure ☐ Cardiovascular problems

Have you been informed of any missing teeth? ☐ Yes ☐ No

Is there a family history of:

☐ Sleep apnea ☐ Appliances to improve snoring
☐ Palate surgery ☐ Jaw surgery

List any allergies:

Are there any other family members that you would like us to evaluate?

☐ Yes ☐ No

Who may we thank for referring you to our office?

Signature Date