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

Patient's School: _____
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? Please list _____
Approximate parent's heights: Mother_____ Father _____ Projected height, if known _____
Females: Patient's approx age of onset of menstruation _____ Is the patient pregnant? Yes___ No___
Have there been any injuries to face, mouth or teeth? Yes ____ No ____
Has the patient had or have any of the following? If yes, please describe:
_____

Sleep Apnea	Y	N	Hepatitis	Y	N	Herpes / canker sores	Y	N
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
History of drugs or alcohol	Y	N						

Has the patient ever sucked a thumb or fingers? Yes ____ No _____ Until what age? _____
Has the patient 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 Signature

_____