

Phone:
(812) 477-8949



Fax:
(812) 477-3945

<http://www.martinorthodontics.net>

Office Hours: Monday - Thursday 7:30 a.m. - 4:30 p.m.

PATIENT HISTORY

Patient's Full Name _____ Age _____
Last First Middle

Date of birth _____ Sex: Male Female

School/Employment _____ Grade _____

Home Address _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Father's/Husband's Information

Name _____

Occupation _____

Business Name _____

Business Phone _____

Birthdate _____

Mother's/Wife's Information

Name _____

Occupation _____

Business Name _____

Business Phone _____

Birthdate _____

Person Responsible for Account _____ SS# _____

Address _____

Orthodontic Insurance Company _____

Insurance Company Address _____

Parents/Marital Status: Married Single Divorced

Patient's Dentist _____

What is your main concern? _____

How did you hear about our office? Your Friend Internet Yellow Pages
Dentist Yes No

Have there been any injuries to the face, mouth, or teeth?
If so, describe _____

Does the patient grind their teeth?

Has the patient ever sucked a thumb or fingers?

Is the patient a mouth breather? Awake? Asleep?

Have you been informed of any missing or extra permanent teeth?

Does the patient's face/teeth resemble his/her mother or father?

Has an Orthodontist been consulted previously?

Please list any musical wind instruments played _____

How often does patient brush their teeth a day? 1 2 3 4

Once you have completed this form, add your last name and first name to the title of the form (i.e.: Smith.Mary Patient History FI) and save it to your computer desktop. Then you can open your email program and compose a new email, addressed to: info@martinorthodontics.net

Finally, you can attach your completed form to the email and send it. If you don't want to email this form, you can simply print it out and return the completed form to Martin Orthodontics.