

**PATIENT REGISTRATION
WILSON ORTHODONTICS
(please print)**

Date _____ Parent e-mail address: _____

Patient's First Name _____ Middle Initial _____ Last Name _____ Home Phone # _____

Mother's or Father's Cell Phone # _____

Patient's Address _____ City _____ State _____ Zip _____

Sex _____ Age _____ Birthdate _____

Father's Name _____ Is his address the same as the patient's? Yes _____ No _____

Father's Address (if different from pt.) _____ Phone _____

City _____ State _____ Zip _____

Father's Employer _____ Length of Employment _____

Father's Business Phone _____

Mother's Name _____ (Miss/Mrs/Ms circle one) Is her address same at the patient's? Yes _____ No _____

Mother's Address (if different from pt.) _____ Phone _____

City _____ State _____ Zip _____

Mother Employer _____ Length of Employment _____

Mother's Business Phone _____

Marital Status of Parents: (circle one) Married Single Separated Widowed Divorced

Name of Person Responsible for Account _____ Relationship to Patient _____

Father's Dental Insurance Company _____ Group # _____

Mother's Dental Insurance Company _____ Group # _____

Patient's Dentist _____ Patient's Physician _____

Were you referred to our office by another patient? Name: _____

Please understand that, because most of our patients are school children, it may be necessary to have your child taken out of school for some appointments which require more time to perform.

If someone other than a parent or legal guardian consistently brings the patient to our office for appointments, do we have your permission to share any information, including financial, with them? Yes _____ No _____

I hereby acknowledge that I have read and understand this form and that all the information I have given above is accurate to the best of my knowledge.

Signed _____

PLEASE COMPLETE HEALTH HISTORY ON THE BACK OF THIS FORM

ALLERGIES:

Hay fever? Yes No
Dental material? Yes No
Latex? Yes No
Drugs? Yes No
Please list: _____

SERIOUS ILLNESSES:

Diabetes? Yes No
Epilepsy? Yes No
Polio? Yes No
Tuberculosis? (TB) Yes No
Rheumatic Fever? Yes No
Heart damage? Yes No
Heart murmur? Yes No
Radiation treatment? Yes No
Hearing difficulty? Yes No
Recurrent earaches? Yes No
Hemophilia Yes No
Thyroid condition? Yes No
Recurrent sore throat? Yes No
AIDS or HIV? Yes No
Hepatitis? Yes No
Birth defects? Yes No
Other illnesses _____

SERIOUS INJURIES:

Ever had head injury? Yes No
Face injury? Yes No
Tooth injury? Yes No
Brief description of injury _____

OPERATIONS/HOSPITALIZATIONS:

Tonsils removed? Yes No
Adenoids removed? Yes No
Blood transfusions? Yes No
Other: _____
Joint replacement/Prosthetic Implant?
Yes No

Is patient currently taking any medications? Yes No
Is patient currently under a doctor's care? Yes No
Has patient had previous orthodontic treatment? Yes No
Does patient have any disease not listed above? Yes No

Does patient require premedication for heart murmur? Yes No

I HAVE READ AND UNDERSTAND THIS MEDICAL HISTORY. I WILL NOT HOLD THE OFFICE OF TIMOTHY G. WILSON RESPONSIBLE FOR ANY OMISSIONS THAT I MAY HAVE MADE IN THE COMPLETION OF THIS FORM AND, IF THERE ARE ANY CHANGES TO THIS MEDICAL HISTORY, I WILL NOTIFY THE OFFICE AS SOON AS I AM AWARE OF THEM.

SIGNED _____ DATE _____ DR. _____

GROWTH & DEVELOPMENT:

Abnormal growth pattern? Yes No
Recent rapid growth? Yes No

FEMALE PATIENTS ONLY:

Any signs of puberty? Yes No
Started menstruation Yes No
Approximate date _____
Is patient pregnant? Yes No

MALE PATIENTS ONLY:

Any signs of puberty? Yes No

BREATHING DIFFICULTY?

Yes No
Explain _____

MUSICAL INSTRUMENT _____

SPORTS _____

ORAL HABITS:

Thumb/finger sucking habit? Yes No
Is this a current habit? Yes No
Grinding of teeth? Yes No
Chewing difficulties? Yes No

SPEECH:

Speech problem? Yes No
Is patient in speech therapy? Yes No

GAGGING PROBLEM?

Yes No

DENTAL HEALTH:

Date of last dental visit _____
Jaw noises? (clicking/etc.) Yes No
Jaw/face pain? Yes No
TMJ problems? Yes No
Bleeding gums? Yes No
Any fillings? Yes No

LEARNING DISABILITY?

Yes No

Please list medications _____

If yes, please explain _____

If yes, please explain _____