

CONFIDENTIAL

Welcome to Tenley Orthodontics

Personal information:

Today's Date: _____ Name: _____
I Preferred to be called: _____ (Mr., Mrs., or Ms.) Age: _____ DOB: _____
Home #: _____ Work #: _____ SS #: _____
Home Address: _____
Present Weight: _____ Height: _____ Musical Instrument Played: _____
Favorite Sports, Hobbies & Avocations: _____

Dental information:

Previous/Present Dentist: _____ Phone #: _____
Address: _____ Last Visit: _____

Employer information:

Name: _____ Phone #: _____ Years Employed: _____
Address: _____
When and Where are the best times to reach you? _____
Other family members seen by us: _____
Who may we thank for referring you? _____

Spouse information:

Name: _____ DOB: _____ SS #: _____
Employer Address: _____ Phone #: _____

Responsible Party Information:

Name: _____ Phone #: _____
Billing Address: _____

Emergency Contact:

Name: _____ Relation: _____
Home #: _____ Work #: _____ Ext. _____ Cell #: _____

Primary Dental Insurance:

Name: _____ Group/Policy #: _____
Address: _____ Phone #: _____
Insured's Name: _____ Relationship to Patient: _____
Insured's DOB: _____ Insured's Employer: _____
SS #: _____ Orthodontic Coverage: YES NO

Secondary Dental Insurance:

Name: _____ Group/Policy #: _____
Address: _____ Phone #: _____
Insured's Name: _____ Relationship to Patient: _____
Insured's DOB: _____ Insured's Employer: _____
SS #: _____ Orthodontic Coverage: YES NO

Dental History:

Why have you come to the orthodontist today? _____
Are you currently in pain? ____ Have you ever had any pain or tenderness in the jaw (TMJ/TMD)? ____
Have you ever had a serious/difficult problem associated with previous dental work? _____
Your current dental health is: Good Fair Poor Do you like your smile? _____
Do your gums ever bleed? YES NO How many times do you floss a week?: _____
How many times a day do you brush? ____ Type of bristles on your toothbrush? Hard Medium Soft

THE ABOVE INFORMATION IS TRUE AND CORRECT THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT THERE IS A CHARGE WHEN ORTHODONTIC RECORDS (X-RAYS, STUDY MODELS, PICTURES) ARE TAKEN.

PARENT, PATIENT OR GUARDIAN SIGNATURE AND DATE _____