

# BEKISH Orthodontics

Dr. Daniel J. Bekish, DMD, MS

## New Patient Information Adult

Today's Date \_\_\_\_\_ Prefers to be called \_\_\_\_\_

Patient's Name \_\_\_\_\_  
first middle last

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
street address

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
city state zip

Age \_\_\_\_\_ Sex:  Female  Male Interests: \_\_\_\_\_

Patient's Dentist \_\_\_\_\_ Last visit date \_\_\_\_\_ Referred by \_\_\_\_\_

Patient's Marital Status:  married  separated  divorced  widowed  single

Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Employment \_\_\_\_\_  
Email address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Name & Ages of Children in family \_\_\_\_\_

Main concern(s) for today's appointment: \_\_\_\_\_

## Medical History

Diabetes	<input type="radio"/> Yes	<input type="radio"/> No	Cancer	<input type="radio"/> Yes	<input type="radio"/> No	HIV	<input type="radio"/> Yes	<input type="radio"/> No
Heart Trouble	<input type="radio"/>	<input type="radio"/>	Asthma	<input type="radio"/>	<input type="radio"/>	Tuberculosis	<input type="radio"/>	<input type="radio"/>
Rheumatic fever	<input type="radio"/>	<input type="radio"/>	Allergies	<input type="radio"/>	<input type="radio"/>	Hepatitis	<input type="radio"/>	<input type="radio"/>
Bone disorders	<input type="radio"/>	<input type="radio"/>	Convulsions	<input type="radio"/>	<input type="radio"/>	Endocrine-thyroid	<input type="radio"/>	<input type="radio"/>
Abnormal bleeding	<input type="radio"/>	<input type="radio"/>	Sinus Problems	<input type="radio"/>	<input type="radio"/>	Epilepsy	<input type="radio"/>	<input type="radio"/>

Any other medical concerns? \_\_\_\_\_

List any drugs or medications now being taken \_\_\_\_\_  
Why? \_\_\_\_\_  
Why? \_\_\_\_\_

Is the patient allergic to any medications? \_\_\_\_\_

Is the patient allergic to? **LATEX** **METALS/NICKEL** **PLASTICS**

Have tonsils and adenoids been removed? \_\_\_\_\_ Does patient snore? \_\_\_\_\_

