

BEKISH Orthodontics

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New Patient Information CHILD

Today's Date _____ Prefers to be called _____

Child's Name _____
first middle last

Home Address _____
street address city state zip

Phone _____ School _____ Grade _____

Date of Birth _____ Age _____ Sex: Female Male

List Sports & Interest of Patient _____

Patient's Dentist _____ Last visit date _____ Referred by _____

Patient Lives with: both parents mother father guardian

Parent's Marital Status: married separated divorced widowed single

Father's Name _____ Employment _____

Address _____ Work Phone _____

Email address _____ Cell Phone _____

Mother's Name _____ Employment _____

Address _____ Work Phone _____

Email address _____ Cell Phone _____

Name & Ages of other children in family _____

Main concern(s) for today's appointment: _____

Does the patient want orthodontic treatment? _____

Medical History

Diabetes	<input type="radio"/> Yes	<input type="radio"/> No	Hay Fever	<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"/>	Tonsillitis	<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"/>	ADD/ADHD	<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? _____

Has the patient reached puberty? _____ Patient most resembles: Mother Father Both

Height: Patient _____ Mother _____ Father _____

