



Name	Nickname	Sex
Birthdate	Age	Home Phone
Address		Secondary Phone
City	State	Zip
Dentist	Physician	Email
How did you hear about our office?		
Has the patient received an evaluation or treatment in another Orthodontic Office? <input type="checkbox"/> Y <input type="checkbox"/> N		
If Yes, by whom?		
What questions would you like answered today?		

COMPLETE FOR A CHILD PATIENT:

School	Grade	Musical Instrument
Sports	Hobbies/Interests	
Father's Name	Home Phone	Work Phone
Address	City	State
Employer	Zip	
Mother's Name	Home Phone	Work Phone
Address	City	State
Employer	Zip	
Parent's Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Mother <input type="checkbox"/> Step Mother <input type="checkbox"/> Guardian		
Name(s) and ages of other children in family		
Name(s) of your other children seen in this office		

COMPLETE FOR AN ADULT PATIENT:

Your Employer	Work Phone
Spouse's Name	Employer
	Work Phone
Women: Are you pregnant or trying to become pregnant?	

DENTAL INSURANCE INFORMATION: (Please use information from your insurance card to complete this section.)

Primary		Secondary	
Ins. Co.		Ins. Co.	
Address		Address	
City/St./Zip		City/St./Zip	
Phone #		Phone#	
Insured		Insured	
SS#	Birthdate	SS#	Birthdate
Group #		Group #	
Employer	ID#	Employer	ID#

Person(s) responsible for payment & relationship to patient:

OVER FOR MORE INFORMATION

9731 W. Grand Avenue
 Franklin Park, IL 60131
 (847) 455-4664
 (847) 455-9310 Fax



820 S. Bartlett Road
 Streamwood, IL 60107
 (630) 830-9700
 (630) 830-9739 Fax