



1616 Clear Lake City Blvd., Suite 108 • Houston, TX 77062 • 281-486-1018 • Fax: 281-486-1075

We would like to welcome you and your child to our office. Our goal is to make every child's visit pleasant and enjoyable.

1. Tell Us About Your Child

Today's Date

Child's Name

Name Preferred Male Female

Child's Birth date Child's Age

School Grade

Child's Home #

Child's Home Address

City, State, Zip

2. Who is Accompanying the Child Today

Name Relation

Do you have legal custody of this child? Yes No

Other family members seen by us

Relationship

3. Mother's Information

Birth Mother Step Mother Adoptive Guardian

Name

Work Ph. Home Ph.

Employer How Long

Occupation SS#

Email address

Married Divorced Separated Single Widowed

4. Father's Information

Birth Father Step Father Adoptive Guardian

Name

Work Ph. Home Ph.

Employer How Long

Occupation SS#

Email address

Married Divorced Separated Single Widowed

5. Person Responsible for Account

Name Relation

Billing Address

City, State, Zip

Work Ph. Home Ph.

Employer DL No.

SS# Date of Birth

6. Primary Dental Insurance

Insurance Co. Name

Insurance Co. Phone No.

Insured's Name

Relationship to Patient

Insured's Birth date SS#

Insured's Employer

7. Has the child ever had any of the following medical problems?

Yes/No

Heart Murmur
 Cancer
 Diabetes
 Rheumatic Fever
 HIV+/AIDS
 Hemophilia
 Asthma
 Hepatitis

Yes/No

Tuberculosis (TB)
 Congenital Heart Defect
 Convulsions/Epilepsy
 Hearing Impairment
 Endocrine Problems
 Kidney/Liver Problems
 Handicaps/Disabilities

Please discuss any serious medical problems that the child has had:

Allergic to latex: Yes No

Medications the child is currently taking:

Medications the child is allergic to

8. Dental History

Why did you bring the child to the orthodontist today?

Present/Previous Dentist

Date of Last Visit

Has the child ever had any of the following:

Yes/No

Serious/difficult problem associated with previous dental work?
 Tonsils or adenoids removed?
 Pain/tenderness in their jaw joint
 Thumb or finger sucking

Who may we thank for referring you to our office?

Signature of Parent or Guardian

Date

Office Use Only

Office Use Only

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Classification: Class I Class II div 1 Class II div 2 Class III
 End-on Full Step

TMJ: Click
 Popping
 Crepitus Lock
 Pain
 Bruxism

Overjet: Excessive _____ mm Normal (1-2mm) Edge to edge
 Negative

Habits: Thumb Past Finger past Lip Biting
 Thumb Present Finger Present Tongue Thrust
 Pacifier Prolonged

Overbite: Anterior open _____ mm _____ %
 Open Bite Tendency Impinging

Probable Tx Plan: Phase I
 Comprehensive Fixed
 Extraction
 Nonextraction

Midlines: UDML _____ off to Right Left
 LDML _____ off to Right Left

Appliance: Forsus Herbst RPE TPA LLA

Crossbite: None Anterior Anterior and Posterior
 Posterior Right/Left Tendency

Recommendation: Treat Now _____
 Recall: 3 mo. 6 mo. 1 yr.
 No treatment
 Estimated Tx Time _____ Months _____ Fee

Crowding: Maxilla: Slight Moderate Severe
 Mandible: Slight Moderate Severe

Notes: _____

Spacing: Upper Lower

Tooth Size Discrepancy: Not apparent Anterior Posterior

Heavy Frenum: Upper Lower