



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:

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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

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

**Overjet:** ☐ Excessive \_\_\_\_mm ☐ Normal (1-2mm) ☐ Edge to edge  
☐ Negative

**Overbite:** ☐ Anterior open \_\_\_\_mm ☐ \_\_\_\_%  
☐ Open Bite Tendency ☐ Impinging

**Midlines:** UDML \_\_\_\_ off to Right Left  
 LDML \_\_\_\_ off to Right Left

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

**Crowding:** Maxilla: ☐ Slight ☐ Moderate ☐ Severe  
 Mandible: ☐ Slight ☐ Moderate ☐ Severe

**Spacing:** Upper Lower

**Tooth Size Discrepancy:** Not apparent Anterior Posterior

**Heavy Frenum:** Upper Lower

**TMJ:** Click Lock  
 Popping Pain  
 Crepitus Bruxism

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

**Probable Tx Plan:** ☐ Phase I  
☐ Comprehensive Fixed  
☐ Extraction  
☐ Nonextraction

**Appliance:** Forsus Herbst RPE TPA LLA

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

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_