Stephanie Cornejo DDS
ORTHODONTICS

Child History Form

Patient's Full Name: _____ Likes to be called: _____ Sex: M F Age: ____ Birthdate: _____

Address:_____ City: _____ Zip Code: _____

Home Phone: _____ School: _____ Child lives with: Mom Dad Both Other:_____

Mother's Name: _____ Cell Phone: _____ Employer: _____ Occupation: _____

Father's Name: _____ Cell Phone: _____ Employer: _____ Occupation: _____

Responsible Party: _____ Email: _____

Address of responsible party: _____Phone number of responsible party:_____

Whom may we thank for referring you to our office? _____Family we have seen: _____

Yes No Is the patient in good health?

Yes No Does the patient have any medical condition?

If yes, what? _____

Yes No Does the patient take any medicine? What? _____

Yes No Does the patient have any allergies to medicines, latex, or nickel? What?_____

Yes No Has the patient ever had any surgery or hospitalizations? For what? _____

Patient's Physician's Name: _____

Does the patient have, or has the patient ever had any of the following:

Yes	No	Artificial Heart Valve	Yes	No	Heart Disease	Yes	No	Hepatitis
Yes	No	Infective Endocarditis	Yes	No	Rheumatic fever	Yes	No	HIV/AIDS
Yes	No	Heart Condition present from birth	Yes	No	Heart Murmur	Yes	No	Allergy to Latex
			Yes	No	Mitral Valve Prolapse	Yes	No	Allergies/ Hayfever

Dentist: _____ Last dental visit: _____

Yes No Have there been any injuries to the face, mouth, or teeth? _____

Yes No Has the patient ever sucked a thumb or finger? Until what age? _____

Yes No Any missing or extra permanent teeth? _____

Yes No Has an orthodontist been consulted previously? Who? _____

Yes No Does the patient clench or grind the teeth at night? _____

Yes No Does the patient have a click or pop of the jaw joint? _____

Yes No Does the patient have or has had any jaw pain? _____

Yes No Does the patient have gum disease or any previous gum treatment? _____

What are your primary concerns? _____

I, the undersigned, have given the information, have reviewed it, and find it accurate and complete. I consent to the use of photographs for educational / marketing purposes.

Signature (Parent's signature if minor): _____ Date: _____