NORTH YORK orthodontics

Patient Information – Child
Under 18 years old

Last name	First name		Nickname	Age	Date of Birth (d/m/yr)
Home Address	**City**	**Postal Code**	**Email Address**		**Home Phone**
Mother's Name	**Occupation/Employer**		**Work Phone**		**Cell Phone**
Father's Name	**Occupation/Employer**		**Work Phone**		**Cell Phone**
Dentist	**Physician**		**Referred By**		**# of Siblings**
School	**Grade**		**Hobbies/Instruments**		
Dental Insurance	**Group Policy Number**		**Certificate or ID Number**		

Medical History: Have you ever had or been treated for: (please circle)

Cancer	Rheumatic Fever	Thyroid Problems	Anemia	Asthma
Blood disorders	Sinusitis	Diabetes	Heart Trouble	Tuberculosis
Epilepsy	Hay Fever	S.T.D.s	Allergies	Heart Murmur
Nervous disorders	Hepatitis	Other illness		

Please provide necessary details: _____

_____

For females: Has menstruation started yet? ☐ **Yes** ☐ **No**

Dental History:

1. Have you had previous dental care? ..... Yes No
2. Have you ever had periodontal (gum) treatment? ..... Yes No
3. Do you have bleeding gums, bad breath, mouth odor? ..... Yes No
4. Do you have/had any thumb or finger sucking habit? ..... Yes No
5. Any abnormal swallowing habit (tongue thrusting)? ..... Yes No
6. Any mouth breathing, snoring, difficulty in breathing? ..... Yes No
7. Any tooth grinding, jaw clenching, clicking, locking? ..... Yes No
8. Any pain in jaw or ringing in the ears? ..... Yes No
9. Any difficulty encountered in chewing or jaw opening? ..... Yes No
10. Are you concerned about spaced, crooked, protruding teeth? ..... Yes No
11. Do you have any chipped or otherwise injured permanent teeth? ..... Yes No
12. Are you concerned about under or over developed jaw? ..... Yes No
13. Any relative with similar tooth or jaw relationships? ..... Yes No
14. Have you had any previous orthodontic treatment? ..... Yes No
15. Have you had an accident or trauma to face/head/teeth? ..... Yes No
16. Are you aware that some appointments will be during school hours? ..... Yes No

Parent/Guardian's Signature _____ Date_____