# RADNEY · SCOTT ORTHODONTICS
## ORTHODONTIC ACQUAINTANCE CARD

17201 Glenmount Park Drive · Webster, Texas 77598 · (281) 486-5081

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

DATE _____

### 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 Cell # (if applicable)

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. Cell

Employer How Long

Occupation SS #

Email Address

❑ Married ❑ Divorced ❑ Separated ❑ Single ❑ Widowed

Spouse's Name Spouse's Cell

### 4. Father's Information

❑ Birth Father ❑ Step Father ❑ Adoptive ❑ Guardian

Name

Work Ph. Home Ph. Cell

Employer How Long

Occupation SS #

Email Address

❑ Married ❑ Divorced ❑ Separated ❑ Single ❑ Widowed

Spouse's Name Spouse's Cell

### 5. Person Responsible for Account

Name Relation

Billing Address

City, State, Zip

Work Ph. Home Ph.

Employer DL #

SS # Date of Birth

### 6. Emergency Contact Information

Name of nearest friend or relative now living with you

Complete Address Phone

### 7. General Information

Friends or relatives treated here

Names and ages of other children in family

Patient's Dentist City

Dental examination within the last 6 months? If yes, date of last visit

Reason for seeking orthodontic treatment

Whom may we thank for referring you to our office?

## MEDICAL HISTORY

Family Physician _____ City _____

Has patient ever had or presently have:

| | | | |
|---|---|---|---|
| AIDS | Bone Disorders | Emotional Problems | Hepatitis |
| Asthma | Diabetes | Heart Diesease | Rheumatic Fever |
| Anemia | Epilepsy | Hearing Disorder | Herpes |
| Blood Disease | Endocrine Problems | Head or face Injury | Other (Describe Below) |

Does the patient:

Have allergies to: Seasonal Grasses _____ Food _____ Drugs _____ Latex _____ Other _____

Have habits: Thumb/Finger Sucking ____ Tongue Thrusting _____ Nail Biting _____ Other _____

| | | | |
|---|---|---|---|
| Breathe through mouth | no | yes | sometimes |
| Tonsils removed | no | yes | when? _____ |
| Adenoids removed | no | yes | when? _____ |

Has patient reached puberty?

| | | |
|---|---|---|
| If male – started shaving, voice changed? | no | yes |
| If female – started monthly period? | no | yes |

Present drugs or medications: _____

Has patient been under the care of a physician during the past two years, other than routine examination? no yes (If yes, please describe below)

## DENTAL AND JAW (TMJ) JOINT HISTORY

Has the patient had any serious injuries or blows to the mouth? yes no Treatment? yes no (describe)

_____

Does the patient experience any:

| | | |
|---|---|---|
| Pain or limitation of movement of the lower jaw? (chewing difficulty) | yes | no |
| Any popping, cracking, or grinding noises when the jaw is opened or closed? | yes | no |
| Frequent head or neck aches? | yes | no |
| Pain or ringing in the ears? | yes | no |
| Does the patient clench or grind the teeth? | yes | no |
| Has the patient's jaw ever locked or slipped out of place? | yes | no |

## ORTHODONTIC INFORMATION

Who noticed the patient's orthodontic problem first? self dentist friend other _____

Has the patient had previous orthodontic consultation? yes no

treatment? yes no

Date _____ Doctor: _____

What is the patient's attitude toward wearing "braces"?

a.) excited

b.) complacent/resigned

c.) antagonistic/unwilling

Has any other member of the family had orthodontic treatment? yes no

Is patient interested in having treatment for:

| | | |
|---|---|---|
| a.) apperance | c.) better speech | e.) reduction in jaw or face discomfort |
| b.) better digestion | d.) better bite relationship | f.) preventing gum problems |

Our Office is HIPPA compliant and I have been given a copy of the Notice of Privacy Practices. Also, I understand that where appropriate, credit bureau reports may be obtained.

This form was completed by (parent's signature if minor)

Authorized / Consent Signature: _____