## Welcome to the Orthodontist

Our purpose is to provide the highest quality orthodontic care with a skilled staff, educated in current technologies. We strive to provide clear communication, exceed expectations and give patients and families a positive orthodontic experience.

	Po	atient Informa					
Patient Name:Last	T-1		) A' 1 11	Date:	//		
School:		irst					
			-				
Describe Patient's Temperament:							
If Patient is a Minor, Give Parent's or Go							
Whom May We Thank for Referring Yo	u to our Office?						
Patient/Parent Primary Concern:							
(In the Case of a Minor,		<b>Responsible fo</b> Party is the Paren		vith Whom the Patient	Lives)		
Name:				Marital Status: _			
Last	First		iddle				
Address:Street		City		State	Zip		
Email Address:	@	•	Permission to	Receive Texts Y N			
Years at Address: Home #:							
Soc. Sec. No.							
Employer:		Occupation	on:	# Yrs I	Employed:		
Spouse's Name:							
Last	First	Mic	ldle				
Employer:		Occupation	on:	# Yrs I	Employed		
Soc. Sec. No.	Birthdat	e:/	Work Pho	ne:			
	Dental	Insurance Inj	formation				
Dental Coverage: □Yes □No	Orthodontic Coverage: □Yes □No						
Primary Insured's Name:	Insured's Soc. Sec. No.						
Dental Insurance Company:			Gr	oup #:			
Dental Insurance Company Address:				Phone #:			
Secondary Insured's Name:			Insured's S	Soc. Sec. No			
Dental Insurance Company Address:			P	hone #:			
I HEREBY AUTHORIZE RELEASE OF ANY IN PAYMENT TO VALERIE D. MARTONE, DMD					BY AUTHORIZE		
Signed:			Date	e:			
	Eme	ergency Infor	mation				
Name:				atient:			
Home #:	Cell #:		W	ork #:			

## Patient Dental History Last Dental Ex

Dentist's Name:			Last			
Dentist's Address:				Phone #:		
Who first noticed the need for an orthodontic examination?	?		☐ Dentist ☐ Pare		ent	
	YES	NO			PLAIN	
Has anyone in the family ever had orthodontic treatment?						
If so, has the result been stable and satisfactory?						
Has the patient had any teeth removed?						
Is the patient concerned about the appearance of the teeth?						
Has the patient ever been teased about the appearance of the teeth?						
Is the patient worried about receiving orthodontic treatment?						
Has the patient had previous orthodontic treatment or consultation?						
Does the patient have difficulty chewing and swallowing food?	_					
Does the patient have any speech problems?  Does the patient grit, grind or clench the teeth?	-					
Has the patient ever sucked a thumb or finger? If so, until what age?						
Does the patient bite lips, tongue, fingernails, pencils, other?	_					
Does the patient breathe through the mouth?	-					
Do the gums bleed easily?						
Has the patient ever received a severe blow to the teeth or jaws?						
Have there been any other injuries to the face, mouth or teeth?						
Does the patient have frequent earaches or soreness around the ears?						
Does the patient have clicking or popping of the joint in front of the ear	?		-			
Has the jaw ever locked open or closed? Open Closed					-	<del></del>
If so, when did it first occur? How often?						
Do you consider the patient to be under more stress than most people?						
Does the patient have difficulty in opening the mouth wide?						
Does the patient play a musical instrument? If so, which one?						
GIRLS: Has she started menstruation? When?	l Include	BOY heig	S: Has hi	s voice chang	ged? _	When:
CHILDREN ONLY: Has the patient reached puberty? GIRLS: Has she started menstruation? When? Please list names and birthdates of other children in the family. NAME	l Include	BOY heig	S: Has hi ht and we	s voice chang	ged? _	When:
GIRLS: Has she started menstruation? When? Please list names and birthdates of other children in the family.	l Include	BOY heig	S: Has hi ht and we	s voice chang	ged? _	When:
GIRLS: Has she started menstruation? When? Please list names and birthdates of other children in the family.	l Include	BOY heig	S: Has hi ht and we	s voice chang	ged? _	When:
GIRLS: Has she started menstruation? When? Please list names and birthdates of other children in the family.	l	BOY heig BIRT	S: Has hi ht and we	s voice chang	ged? _	When:
GIRLS: Has she started menstruation? When? Please list names and birthdates of other children in the family.  NAME  Patient M	Include	BOY heig BIRT	S: Has hi ht and we	s voice chang	ged? _	When:
GIRLS: Has she started menstruation? When? Please list names and birthdates of other children in the family. NAME  NAME  Patient M Physician's Name:	l	BOY heig BIRT	S: Has hi ht and we	s voice chanşight of older  Phone #	ged? _	When:
Please list names and birthdates of other children in the family.  NAME  Place I I I I I I I I I I I I I I I I I I I	Include	BOY heig BIRT	S: Has hi ht and we	s voice chanşight of older  Phone #	ged? _ natura	When:
Please list names and birthdates of other children in the family.  NAME  Physician's Name:  Is the patient in good health?	Include	BOY heig BIRT	S: Has hi ht and we	s voice chanşight of older  Phone #	ged? _ natura	When:
Please list names and birthdates of other children in the family.  NAME  Physician's Name:  State patient in good health?  State patient currently under the care of a physician?	Include	BOY heig BIRT	S: Has hi ht and we	s voice chanşight of older  Phone #	ged? _ natura	When:
Please list names and birthdates of other children in the family.  NAME  Physician's Name:  Is the patient in good health?  Is the patient currently under the care of a physician?  Does the patient have a tendency to colds, sore throats, ear infections?	Include	BOY heig BIRT	S: Has hi ht and we	s voice chanşight of older  Phone #	ged? _ natura	When:
Please list names and birthdates of other children in the family.  NAME  Physician's Name:  Is the patient in good health?  Is the patient currently under the care of a physician?  Does the patient have a tendency to colds, sore throats, ear infections?  Have tonsils and adenoids been removed? What age?  Any drugs or medications now being taken: If so, please list	Include  Vedica	BOY heig BIRT	S: Has hi ht and we	s voice chanşight of older  Phone #	ged? _ natura	When:
Please list names and birthdates of other children in the family.  NAME  Physician's Name:  Is the patient in good health?  Is the patient currently under the care of a physician?  Does the patient have a tendency to colds, sore throats, ear infections?  Have tonsils and adenoids been removed? What age?  Any drugs or medications now being taken: If so, please list  Have you ever taken the category of medications called bisphosphonate	Include  Vedica	BOY heig BIRT	S: Has hi ht and we	s voice chanşight of older  Phone #	ged? _ natura	When:
Please list names and birthdates of other children in the family.  NAME  Physician's Name:  Is the patient in good health?  Is the patient currently under the care of a physician?  Does the patient have a tendency to colds, sore throats, ear infections?  Have tonsils and adenoids been removed? What age?  Any drugs or medications now being taken: If so, please list  Have you ever taken the category of medications called bisphosphonate or been treated for osteoporosis, bone cancer or Paget's disease?	Include  Vedica	BOY heig BIRT	S: Has hi ht and we	s voice chanşight of older  Phone #	ged? _ natura	When:
Please list names and birthdates of other children in the family.  NAME  Physician's Name:  Is the patient in good health?  Is the patient currently under the care of a physician?  Does the patient have a tendency to colds, sore throats, ear infections?  Have tonsils and adenoids been removed? What age?  Any drugs or medications now being taken: If so, please list  Have you ever taken the category of medications called bisphosphonate or been treated for osteoporosis, bone cancer or Paget's disease?  Has the patient any history or difficulty with any of the following:	Include  YES  S  S  S  S  S  S  S  S  S  S  S  S	BOY heig BIRT	S: Has hi ht and we	s voice chanşight of older  Phone #	ged? _ natura  #: PLAIN	When:
Please list names and birthdates of other children in the family.  NAME  Physician's Name:  Is the patient in good health?  Is the patient currently under the care of a physician?  Does the patient have a tendency to colds, sore throats, ear infections?  Have tonsils and adenoids been removed? What age?  Any drugs or medications now being taken: If so, please list  Have you ever taken the category of medications called bisphosphonate or been treated for osteoporosis, bone cancer or Paget's disease?  Has the patient any history or difficulty with any of the following:  Allergies  Diabe	Include  YES  s  tes	BOY heigh he	S: Has hi ht and we HDAY	s voice chanşight of older  Phone #	ged? _ natura  #:L	When: al siblings: HEIGHT/WEIGHT  atex or Nickel Allergy
Please list names and birthdates of other children in the family.  NAME  Physician's Name:  Is the patient in good health?  Is the patient currently under the care of a physician?  Does the patient have a tendency to colds, sore throats, ear infections?  Have tonsils and adenoids been removed? What age?  Any drugs or medications now being taken: If so, please list  Have you ever taken the category of medications called bisphosphonate or been treated for osteoporosis, bone cancer or Paget's disease?  Has the patient any history or difficulty with any of the following:  Allergies Diabe Arthritis Biscondards Diabe Arthritis Biscondards Diabe Diabe	Include  YES  s  tes  srine Dis	BOY heigh he	S: Has hi ht and we HDAY	s voice chanşight of older  Phone #	#:L	When: al siblings: HEIGHT/WEIGHT  atex or Nickel Allergy earning Disability
Please list names and birthdates of other children in the family.  NAME  Physician's Name:  Is the patient in good health?  Is the patient currently under the care of a physician?  Does the patient have a tendency to colds, sore throats, ear infections?  Have tonsils and adenoids been removed? What age?  Any drugs or medications now being taken: If so, please list  Have you ever taken the category of medications called bisphosphonate or been treated for osteoporosis, bone cancer or Paget's disease?  Has the patient any history or difficulty with any of the following:  Allergies Arthritis Bidec Arthritis Endoc Anemia Epiler	Tedica  YES  s stess trine Disposy	BOY heigh he	S: Has hi ht and we HDAY	s voice chanşight of older  Phone #	#:LL	Mhen: When: ll siblings: HEIGHT/WEIGHT  atex or Nickel Allergy earning Disability Mental Problems
Please list names and birthdates of other children in the family.  NAME  Physician's Name:  State patient in good health?  Is the patient currently under the care of a physician?  Does the patient have a tendency to colds, sore throats, ear infections?  Have tonsils and adenoids been removed? What age?  Any drugs or medications now being taken: If so, please list  Have you ever taken the category of medications called bisphosphonate or been treated for osteoporosis, bone cancer or Paget's disease?  Has the patient any history or difficulty with any of the following:  Allergies Diabe Arthritis Anemia Epilep Asthma Fainting	Include  YES  s  tes  srine Disp  sosy  ng	BOY heig BIRT  I Hi  NO	S: Has hi ht and we HDAY  Sstory	s voice chanşight of older  Phone #	#:LLLL	atex or Nickel Allergy earning Disability  Men:  MEIGHT/WEIGHT   atex or Nickel Allergy earning Disability  Mental Problems  ain of the Face
Please list names and birthdates of other children in the family.  NAME  Physician's Name:  Is the patient in good health?  Is the patient currently under the care of a physician?  Does the patient have a tendency to colds, sore throats, ear infections?  Have tonsils and adenoids been removed? What age?  Any drugs or medications now being taken: If so, please list  Have you ever taken the category of medications called bisphosphonate or been treated for osteoporosis, bone cancer or Paget's disease?  Has the patient any history or difficulty with any of the following:  Allergies Diabe Arthritis Bleeding Disorder Growt	YES  s tes crine Disposy ng ch Distur	BOY heig BIRT NO NO Starturba	S: Has hi ht and we HDAY  Sstory	s voice chanşight of older  Phone #	#:LLLLPP	Mhen: When: ll siblings: HEIGHT/WEIGHT  atex or Nickel Allergy earning Disability Mental Problems
Please list names and birthdates of other children in the family.  NAME  Physician's Name:  State patient in good health?  State patient currently under the care of a physician?  Does the patient have a tendency to colds, sore throats, ear infections?  Have tonsils and adenoids been removed? What age?  Any drugs or medications now being taken: If so, please list  Have you ever taken the category of medications called bisphosphonate or been treated for osteoporosis, bone cancer or Paget's disease?  Has the patient any history or difficulty with any of the following: Allergies	Tedica  YES  s  tes  crine Distorated Problems  The Distorated Problems	heig BIRT Il Hi	S: Has hi ht and we HDAY  istory  nce	s voice chanşight of older  Phone #	#:LLLNPR	atex or Nickel Allergy earning Disability  Interpretation of the Face ersistent Cough or TB
Please list names and birthdates of other children in the family.  NAME  Physician's Name:  Is the patient in good health?  Is the patient currently under the care of a physician?  Does the patient have a tendency to colds, sore throats, ear infections?  Have tonsils and adenoids been removed? What age?  Any drugs or medications now being taken: If so, please list  Have you ever taken the category of medications called bisphosphonate or been treated for osteoporosis, bone cancer or Paget's disease?  Has the patient any history or difficulty with any of the following:  Allergies Arthritis Anemia Bleeding Disorder Bone Disease Chronic Cough Heart Chronic Sinus Problems Hepati	YES  Serine Dispose  Telephone D	BOY heigBIRT  NO NO heigheigh heigh	S: Has hi ht and we HDAY  istory  nce	s voice chanşight of older  Phone #	#:LLL	atex or Nickel Allergy earning Disability  Mental Problems ain of the Face ersistent Cough or TB heumatic Fever
Please list names and birthdates of other children in the family.  NAME  Physician's Name:  Is the patient in good health? Is the patient currently under the care of a physician?  Does the patient have a tendency to colds, sore throats, ear infections? Have tonsils and adenoids been removed? What age?  Any drugs or medications now being taken: If so, please list Have you ever taken the category of medications called bisphosphonate or been treated for osteoporosis, bone cancer or Paget's disease?  Has the patient any history or difficulty with any of the following:  Allergies  Arthritis  Anemia  Asthma  Bleeding Disorder  Bone Disease  Chronic Cough  Heart  Chronic Sinus Problems  Cold Sores or Mouth Ulcers  HIV (	YES  Serine Disposy ng Probl Condition itis A.I.D.S.	BOY heigBIRT  NO NO heigheigh heigh	S: Has hi ht and we HDAY  istory  nce	s voice chanşight of older  Phone # EXE	#:LLL	atex or Nickel Allergy earning Disability fental Problems ain of the Face ersistent Cough or TB heumatic Fever erious Illness exually Transmitted Disea hyroid
GIRLS: Has she started menstruation? When? Please list names and birthdates of other children in the family. NAME  Physician's Name:  Is the patient in good health?  Is the patient currently under the care of a physician?  Does the patient have a tendency to colds, sore throats, ear infections?  Have tonsils and adenoids been removed? What age?  Any drugs or medications now being taken: If so, please list  Have you ever taken the category of medications called bisphosphonate or been treated for osteoporosis, bone cancer or Paget's disease?  Has the patient any history or difficulty with any of the following:  Allergies Diabe Arthritis Endoc Anemia Epilep Asthma Fainti Bleeding Disorder Growt Bone Disease Hearti Chronic Cough Hearti Chronic Sinus Problems Hepati	YES  Serine Disposy ng Probl Condition itis A.I.D.S.	BOY heigBIRT  NO NO heigheigh heigh	S: Has hi ht and we HDAY  istory  nce	s voice chanşight of older  Phone # EXE	#:	atex or Nickel Allergy earning Disability fental Problems ain of the Face ersistent Cough or TB heumatic Fever erious Illness exually Transmitted Disea hyroid
Please list names and birthdates of other children in the family.  NAME  Physician's Name:  Is the patient in good health?  Is the patient currently under the care of a physician?  Does the patient have a tendency to colds, sore throats, ear infections?  Have tonsils and adenoids been removed? What age?  Any drugs or medications now being taken: If so, please list  Have you ever taken the category of medications called bisphosphonate or been treated for osteoporosis, bone cancer or Paget's disease?  Has the patient any history or difficulty with any of the following:  Allergies Arthritis Bleeding Disorder Bone Disease Hearing Chronic Cough Bone Disease Hearing Chronic Sinus Problems Hepat Cold Sores or Mouth Ulcers HIV ( Convulsions Kidne	YES stess rrine Distring Proble Condition it it is A.I.D.S. y	BOY heigh BIRT  I Hi  NO  Sturbance ems cons/M )	S: Has hi ht and we HDAY istory  nce	s voice chanşight of older  Phone # EXE	#:L LL L L L V	atex or Nickel Allergy earning Disability fental Problems ain of the Face ersistent Cough or TB heumatic Fever erious Illness exually Transmitted Disea hyroid fision
Please list names and birthdates of other children in the family.  NAME  Physician's Name:  Is the patient in good health?  Is the patient currently under the care of a physician?  Does the patient have a tendency to colds, sore throats, ear infections?  Have tonsils and adenoids been removed? What age?  Any drugs or medications now being taken: If so, please list  Have you ever taken the category of medications called bisphosphonate or been treated for osteoporosis, bone cancer or Paget's disease?  Has the patient any history or difficulty with any of the following:  Allergies  Arthritis  Bleeding Disorder  Bone Disease  Chronic Cough  Chronic Sinus Problems  Cold Sores or Mouth Ulcers  Convulsions  Are there any other conditions the orthodontist should know abo	YES stess rrine Distring Proble Condition it it is A.I.D.S. y	BOY heigh BIRT  I Hi  NO  Sturbance ems cons/M )	S: Has hi ht and we HDAY istory  nce	s voice chanşight of older  Phone # EXE	#:L LL L L L V	atex or Nickel Allergy earning Disability fental Problems ain of the Face ersistent Cough or TB heumatic Fever erious Illness exually Transmitted Disea hyroid fision
Please list names and birthdates of other children in the family.  NAME  Physician's Name:  Is the patient in good health?  Is the patient currently under the care of a physician?  Does the patient have a tendency to colds, sore throats, ear infections?  Have tonsils and adenoids been removed? What age?  Any drugs or medications now being taken: If so, please list  Have you ever taken the category of medications called bisphosphonate or been treated for osteoporosis, bone cancer or Paget's disease?  Has the patient any history or difficulty with any of the following:  Allergies Arthritis Anemia Asthma Bleeding Disorder Bone Disease Chronic Cough Heart Chronic Sinus Problems Cold Sores or Mouth Ulcers HIV ()	YES  s  tes  rine Disturbing Probl Conditionitis A.I.D.S. y  ut?	BOY heigh BIRT  I Hi  NO  Sturbance ems Dns/M )	S: Has hi ht and we HDAY  istory  nce e	s voice chanşight of older  Phone # EXH	#:LLLLRSS _	atex or Nickel Allergy earning Disability Iental Problems ain of the Face ersistent Cough or TB heumatic Fever erious Illness exually Transmitted Disea hyroid fision