

IDALIA LASTRA, D.M.D.

ADULT ORTHODONTIC ACQUAINTANCE FORM

Welcome to our office! In order to best serve you, we need some information for our records. Please try to answer all the questions. Feel free to ask our staff for help if needed. Thanks!

| | | | | | Du | te |
|---|---|---|--|--|--|--|
| Patient's Name | | | Sex | S.S.# | | |
| First | Middle Initial | Last | | | | |
| Nickname | Age | Birthdate (month) | (day) | (year) | Marital Sta | atus |
| Home Address | | City | State _ | Zip | _ Home phone | |
| Occupation | Employer | | | | Work pl | none |
| Business Address | | | | _City | State | Zip |
| Spouses' Name | | | Occupation | 1 | Child | lren? |
| Send Statement to: Name | | | Relation | : | S.S.# | |
| Address | | City | StateZij | р | Phone _ | |
| Dentist | Last visit | Who may we thank | for telling you a | bout our offi | ice? | |
| Have you ever seen an Orthodo | ontist before? | When? | Orthodontis | t's name? | | |
| Have you ever worn braces? _ | Orthodontist | i | City | State | How long in t | reatment? |
| are you covered by insurance f | | | | | | |
| | | | | | | |
| | | | | | | |
| Why did you come to see us? _ | | | | | | |
| Why did you come to see us? _ | | | | | | |
| Why did you come to see us? | about your teeth? | | | | | |
| Why did you come to see us? | about your teeth?sed these problems? _ | | | | | |
| Why did you come to see us? | about your teeth?sed these problems?braces? | | | | | |
| Why did you come to see us? | about your teeth?sed these problems?braces?swith a similar orthod | lontic condition? | | | | |
| Why did you come to see us? | about your teeth?sed these problems?braces?s with a similar orthodororn braces? | lontic condition? | | | | |
| Why did you come to see us? | about your teeth? sed these problems? braces? with a similar orthod orn braces? Tongue thrust | lontic condition? If so, whom? E Pencil, nail or | ip biting N | Nouth breath | ingGrinding | Clenching |
| Why did you come to see us? | about your teeth? sed these problems? braces? with a similar orthod forn braces? Tongue thrust toms? Headaches | dontic condition? If so, whom? Pencil, nail or Clicking Lo | lip biting N | Mouth breath: | ingGrinding | Clenching izziness Other_ |
| Why did you come to see us? | about your teeth? sed these problems? braces? with a similar orthod yorn braces? Tongue thrust toms? Headaches ysician | lontic condition? If so, whom? Pencil, nail or Clicking Lo | lip biting N | Nouth breath: Limite | ingGrinding | Clenching izziness Other_ |
| Why did you come to see us? | about your teeth? sed these problems? braces? with a similar orthod yorn braces? Tongue thrust toms? Headaches ysician Arthritis Asth | lontic condition? If so, whom? Pencil, nail or Clicking Lo | lip biting N cking Pain Ge Blood Disea | Mouth breath:Limite neral Health, ise Coi | ing Grinding od opening D | Clenching izziness Other_ ongenital defects |
| Why did you come to see us? | about your teeth? sed these problems? braces? with a similar orthod yorn braces? Tongue thrust toms? Headaches ysician Arthritis Asth Glands (endocrine) | lontic condition? If so, whom? Pencil, nail or Clicking Lo ma Anemia Heart | ip biting Ncking Pain_ Ge Blood Disea | Aouth breath:Limite neral Health use Coo | ing Grinding ad opening D nvulsions Countries | Clenching izziness Other_ ongenital defects |
| Why did you come to see us? | about your teeth? sed these problems? braces? with a similar orthod yorn braces? Tongue thrust toms? Headaches ysician Arthritis Asth Glands (endocrine) Rheumatic Fever | lontic condition? If so, whom? Pencil, nail or Clicking Lo Anemia Heart Sinus Tubero | lip biting Mcking Pain_ Ge Blood Disea Heart Murmur culosis HIV | Mouth breath: Limite eneral Health use Cor Hepati | ing Grinding ed opening D nvulsions Co itis Jaundice Pregnancy? | Clenching izziness Other_ ongenital defects Kidney How long? |
| Why did you come to see us? | about your teeth? sed these problems? braces? with a similar orthod forn braces? Tongue thrust toms? Headaches Arthritis Asth Glands (endocrine) Rheumatic Fever ion, or problem not li | lontic condition? If so, whom? Pencil, nail or Clicking Lo ma Anemia Heart Sinus Tuberc sted above that we sh | Lip biting Note that the second control of the second contro | Mouth breath: Limite meral Health use Con Hepati | ing Grinding ed opening D nvulsions Co itis Jaundice Pregnancy? _ | Clenching izziness Other_ ongenital defects Kidney How long? |
| Why did you come to see us? What would you like to change what do you feel may have caused what do you feel about wearing the there other family members as any other family member with my oral habits? Finger sucking emporomandibular joint sympet my history of: Allergy iabetes Epilepsy to you have any disease, conditing medications being taken? | about your teeth? sed these problems? braces? with a similar orthod forn braces? Tongue thrust toms? Headaches Arthritis Asth Glands (endocrine) Rheumatic Fever ion, or problem not li | lontic condition? If so, whom? Pencil, nail or Clicking Lo ma Anemia Heart Sinus Tuberc sted above that we sh | Lip biting N cking Pain Ge Blood Disea Heart Murmur_ culosis HIV ould know? Any | Aouth breath Limite neral Health use Con Hepati f AIDS | ing Grinding ed opening D nvulsions Co itis Jaundice Pregnancy? _ | Clenching izziness Other_ ongenital defects Kidney How long? |
| Why did you come to see us? | about your teeth? sed these problems? braces? with a similar orthod yorn braces? Tongue thrust toms? Headaches ysician Asth Glands (endocrine) Rheumatic Fever ion, or problem not li | lontic condition? If so, whom? Pencil, nail or Clicking Lo ma Anemia Heart Sinus Tuberc sted above that we sh | Lip biting Mcking Meking Pain_ Ge Blood Diseat Murmur_ culosis HIV ould know? Any each problems? | Mouth breath: Limite eneral Health use Cor Hepati f AIDS | ing Grinding ed opening D nvulsions Co itis Jaundice Pregnancy? Blee | Clenching izziness Other_ ongenital defects Kidney How long? |

Signature ___