

PATIENT INFORMATION FORM

Instructions: Please provide the information requested down to the solid line.

Resident: _____ Chart: _____

Patient

Last Name: _____ First Name: _____ Middle Initial: _____
 Address: _____ Birthdate: _____ Age: _____
 City: _____ State: _____ Zip: _____ SSN: _____ M F
 Home Tel: _____ Other Tel: _____ E-Mail: _____

Responsible Party

Last Name: _____ First Name: _____ Middle Initial: _____
 Address: _____ Birthdate: _____ Age: _____
 City: _____ State: _____ Zip: _____ SSN: _____ Relation: _____
 Home Tel: _____ Other Tel: _____ E-Mail: _____

What is the reason for your orthodontic visit? _____

Whom should we thank for referring you to our office? _____

Please check your preferred day of appointments: Clinic hours are Monday - Thursday 1:00 - 5:00pm and Friday 8:00 - 12:00 Noon

Monday Tuesday Wednesday Thursday Friday No Preference

Person who has legal custody, if patient is a minor _____

Information Supplied by: _____ Date _____

Relation to Patient _____ Date _____

1. Angle Class and Relation of Segments

	Right Side		Left Side	
	Molar	Cuspid	Molar	Cuspid
Class I				
Class II				
Div II				
Class III				

2. Dentition - D = Decay E = Ectopic Eruption X = Missing

										Upper				Lower							
										Right		Left		Right		Left					
										M	D	E	X	M	D	E	X	M	D	E	X
8	7	6	5	4	3	2	1	a	a	b	c	d	e	6	7	8					
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8						
			e	d	c	b	a	a	b	c	d	e									

Examined By: _____
 Doctor _____
 Date _____

3. Arch Length Mx: Excess Adequate Deficient Amt. _____ mm
 Md: Excess Adequate Deficient Amt. _____ mm
4. $\frac{3\ 2\ 1}{3\ 2\ 1} | \frac{1\ 2\ 3}{1\ 2\ 3}$ Crowded Even Spaced Amt. _____ mm
 Crowded Even Spaced Amt. _____ mm
5. Crossbite: R L Mx Buccal Mx Lingual
6. Overbite: Normal Open Bite Closed Bite Pct. _____ %
7. Overjet: X-bite Edge-2-Edge Normal Excessive Amt. _____ mm
8. Curve of Spee: Deep Normal Flat Reversed
9. Median Line: Mx Midline to Mid-Sagittal _____, Occlusion _____
10. Path of Closure: Pseudo CI III Restrictive Contact and Mesially
 Unrestrictive Contact and Distally
11. TMJ: Clicks Pain Restricted Mvmnt Opening _____ mm
12. Lip Posture: Together Relaxed Together Strained Apart
13. Lip Muscle Tone: Hypo Normal Hyper
14. Abnormal Frenum: None Upper Lower
15. Tonsils/Adenoids: None Normal Large and a problem
16. Eruption Pattern: Early Normal Late
17. Profile: Retrusive Flat Protrusive Double Protrusive Satisfactory
18. Habits: Tongue Thrust Frontal Lateral Lip Biting Finger / Thumbsucking Mouthbreathing
 Fingernail Biting Leaning on Chin or Face Other _____
19. Oral Hygiene: Excellent Good Fair Poor
20. Disposition of Case: Treat Now Recall in _____ months No Treatment
21. Type of Treatment: Phase I Full Adult Full Limited

Notes:

22. Fee Estimate: _____