

**MEMPHIS ORTHODONTIC SPECIALISTS**

Dr. Stan Dr. Scott Date \_\_\_\_\_ Time \_\_\_\_\_ Pts # \_\_\_\_\_

DOES PT HAVE DR. PREFERENCE? YES [ ] OR NO [ ]

Patients Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Birth day \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Referred By: \_\_\_\_\_ Dentist \_\_\_\_\_ DDS Pho \_\_\_\_\_

DDS HAS & WILL MAIL PANO? YES NO

Physician \_\_\_\_\_ PARENT WILL BRING X-RAY YES NO

**PARENT / RESPONSIBLIE PARTY INFORMANTION**

Full Name \_\_\_\_\_ M S D W (CIRCLE ONE)

Residence \_\_\_\_\_

How long at this address \_\_\_\_\_ HomePhone \_\_\_\_\_ WorkPhone \_\_\_\_\_ Cell \_\_\_\_\_

Previous Address if less than 3 years \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthday \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ # of yrs with this Employer \_\_\_\_\_

**SPOUSE INFORMATION**

Spouse Name \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ # of yrs with this Employer \_\_\_\_\_

Social Security # \_\_\_\_\_ Birthday \_\_\_\_\_ WorkPhone \_\_\_\_\_ Cell \_\_\_\_\_

**ADDITIONAL INFORMATION**

Nearest Relative not living with you \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**INSURANCE INFORMATION:** Primary Insured's Name \_\_\_\_\_

**PATIENT HEALTH HISTORY**

- Is patient in good health?..... YES NO
- Any history of rheumatic fever, heart trouble, asthma. Diabetes, kidney or liver involvement  
epilepsy, or thyroid problem? ..... YES NO
- Has patient ever taken Phen-Phen?..... YES NO
- Is patient allergic to any medications or foods?..... YES NO
- Any history of any excess bleeding in patient or family? ..... YES NO
- Has patient ever received a blood transfusion?..... YES NO
- Is patient taking any medications now? If so what..... YES NO
- Any trauma to the face, mouth, or chin area?..... YES NO
- Ever been seen by another Orthodontist?..... YES NO

Specific Complaint? \_\_\_\_\_

I understand that where appropriate, credit bureau reports may be obtained.

Signature \_\_\_\_\_ Date \_\_\_\_\_