Lindsay & Magruder
ORTHODONTICS

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

## 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 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.

Employer How Long

Occupation SS#

Email address

❒ Married ❒ Divorced ❒ Separated ❒ Single ❒ Widowed

## 4. Father's Information

❒ Birth Father ❒ Step Father ❒ Adoptive ❒ Guardian

Name

Work Ph. Home Ph.

Employer How Long

Occupation SS#

Email address

❒ Married ❒ Divorced ❒ Separated ❒ Single ❒ Widowed

## 5. Person Responsible for Account

Name Relation

Billing Address

City, State, Zip

Work Ph. Home Ph.

Employer DL No.

SS# Date of Birth

## 6. Primary Dental Insurance

Insurance Co. Name

Insurance Co. Phone No.

Insured's Name

Relationship to Patient

Insured's Birth date SS#

Insured's Employer

## 7. Has the child ever had any of the following medical problems?

| Yes/No | | Yes/No | |
|---|---|---|---|
| ❒ ❒ | Heart Murmur | ❒ ❒ | Tuberculosis (TB) |
| ❒ ❒ | Cancer | ❒ ❒ | Congenital Heart Defect |
| ❒ ❒ | Diabetes | ❒ ❒ | Convulsions/Epilepsy |
| ❒ ❒ | Rheumatic Fever | ❒ ❒ | Hearing Impairment |
| ❒ ❒ | HIV+/AIDS | ❒ ❒ | Endocrine Problems |
| ❒ ❒ | Hemophilia | ❒ ❒ | Kidney/Liver Problems |
| ❒ ❒ | Asthma | ❒ ❒ | Handicaps/Disabilities |
| ❒ ❒ | Hepatitis | | |

Please discuss any serious medical problems that the child has had:

_____

_____

Allergic to latex: ❒ Yes ❒ No

_____

Medications the child is currently taking:

_____

Medications the child is allergic to

## 8. Dental History

_____

Why did you bring the child to the orthodontist today?

_____

Present/Previous Dentist

_____

Date of Last Visit

Has the child ever had any of the following:

Yes/No

❒ ❒ Serious/difficult problem associated with previous dental work?

❒ ❒ Tonsils or adenoids removed?

❒ ❒ Pain/tenderness in their jaw joint

❒ ❒ Thumb or finger sucking

_____

Who may we thank for referring you to our office?

_____

Signature of Parent or Guardian Date

## Office Use Only

| | Jaw | RIGHT SIDE Molar | RIGHT SIDE Cuspid | LEFT SIDE Molar | LEFT SIDE Cuspid |
|---|---|---|---|---|---|
| Class I | | | | | |
| Class II | | | | | |
| Div.I | | | | | |
| Div.II | | | | | |
| Class III | | | | | |

Oral Hygiene ❒ Excellent ❒ Good ❒ Fair ❒ Poor

TMJ ❒ Normal ❒ Popping/Crepitus L/R ❒ Pain/L/R

Lip/Muscle Posture ❒ Lip Strain ❒ Mentalis Strain

Arch length:

Upper ❒ Excess ❒ Adequate ❒ Deficient _____mm

Lower ❒ Excess ❒ Adequate ❒ Deficient _____mm

Overbite ❒ Deep ❒ Normal ❒ Open _____%

Overjet _____mm

Habits ❒ Tongue thrust ❒ Thumb/finger ❒ Mouthbreathing

Abnormal frenum ❒ Upper ❒ Lower

Probable ❒ Extraction ❒ Non-Extraction ❒ Borderline

## Office Use Only

Crossbite: R 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 L
R 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 L

Midline R _____ L

Deciduous Teeth R E D C B A | A B C D E L
E D C B A | A B C D E

Missing Permanent Teeth R 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 L
R 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 L

Notes:_____

_____

_____

_____

Recommendation: ❒ Treat Now _____
❒ Recall: ❒ 3 mo. ❒ 6 mo. ❒ 1 yr.
❒ No treatment

Estimated Tx Time _____ Months _____ Fee
U/L Clarity _____
U/L Invisalign _____

Next Appt: _____

_____

Letters:

❒ Records TBD ❒ Wait for TX ❒ NC ❒ TY Re ❒ FU Pt