

# PATRITTO ORTHODONTICS

What is the reason for your visit?

## PATIENT INFORMATION

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 General Dentist \_\_\_\_\_ Physician \_\_\_\_\_  
 How Did You Hear About Our Office? Please Check Any That Apply: General Dentist \_\_\_\_\_ Patient Referral \_\_\_\_\_  
 Web Site \_\_\_\_\_ Newspaper \_\_\_\_\_ Yellow Pages \_\_\_\_\_ TV \_\_\_\_\_ Other \_\_\_\_\_  
 School Name \_\_\_\_\_ Grade \_\_\_\_\_ Sports/Hobbies \_\_\_\_\_ Instrument \_\_\_\_\_

## PARENT/GUARDIAN

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

## EMPLOYER INFORMATION

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Occupation \_\_\_\_\_

## DENTAL INSURANCE COMPANY

***IF YES-MUST BE FILLED OUT COMPLETELY***

**Orthodontic Coverage** Yes \_\_\_\_\_ No \_\_\_\_\_  
 Policyholder: Self \_\_\_\_\_ Spouse \_\_\_\_\_ Other \_\_\_\_\_  
 Insurance Co. \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Phone \_\_\_\_\_ ext. \_\_\_\_\_  
 Insurance ID# \_\_\_\_\_  
 Group ID# \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 (For Insurance Purposes Only)

## PARENT/GUARDIAN

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 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
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 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Insurance Phone \_\_\_\_\_ ext. \_\_\_\_\_  
 Insurance ID# \_\_\_\_\_  
 Group ID# \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 (For Insurance Purposes Only)

**Dwayne J. Patritto, DDS, MS, PLC**

WWW.DPORTHO.COM

**COMPLETE OTHER SIDE**

727 EAST PENNSYLVANIA  
 OTTUMWA, IOWA 52501-2591  
 (641) 682-8143  
 FAX# (641) 682-8144  
 EMERGENCY# (641) 777-2141

110 N. E STREET  
 OSKALOOSA, IOWA 52577  
 (641) 673-4120  
 FAX# (641) 676-4671  
 EMERGENCY# (641) 777-2141

### MEDICAL HISTORY

In good health? Yes/No    Approximate date of last physical \_\_\_\_\_

Under the care of a physician? Yes/No    If so, explain \_\_\_\_\_

Presently taking any medication? Yes/No    If so, please list \_\_\_\_\_

Allergies? Yes/No    If so please list \_\_\_\_\_

Premedication with antibiotics for Dental appointments? \_\_\_\_\_

History of heart murmur or rheumatic fever? \_\_\_\_\_

Pregnant? Yes/No    Drug Addiction? Yes/No    Smoke? Yes/No

#### **History of: (please circle)**

AIDS/HIV	Cancer/Tumors	Gastrointestinal Disorders	Kidney Disease	Scarlet Fever
Anemia	Diabetes	Heart Disease	Liver Disease	Tuberculosis
Arthritis	Endocrine Disorders	Hemophilia	Nervous Disorders	Yellow Fever
Asthma	Epilepsy	Hepatitis	Prolonged Bleeding	Venereal Disease
Blood Disease	Fainting	High Blood Pressure	Respiratory Disease	Cold Sores

Any other diseases, conditions or problems not listed above that we should know about? If yes, what?  
\_\_\_\_\_

### DENTAL HISTORY

Approximate date of last dental visit? \_\_\_\_\_    Been examined by an orthodontist before? Yes/No

Any pain, clicking or discomfort in or near the ears or jaw joints? Yes/No

Any mouth, face or teeth injuries by fall or accident? Yes/No

Any missing or extra permanent teeth? Yes/No

Any permanent teeth removed? Yes/No

Any gum problems? Yes/No

Tonsils or adenoids been removed? Yes/No

#### **Any of the following habits? (please circle)**

Snoring	Mouth Breathing	Restless Sleep	Grinding Teeth	Morning Headaches
Thumb/Finger Sucking	Fingernail Biting	Tongue Thrusting	Speech Problems	

Other family members treated by Dr. Patritto? Yes/No

Names/Ages \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_