

Inman & Baldwin Orthodontics

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105 Medical Park Drive • Campbellsville, KY 42718 • (270) 789-4542

Date _____

PATIENT INFORMATION

Patient's Name _____ Prefers to be called _____ Birthdate _____ Age _____ Sex _____

Address _____ City/State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Cell Phone Carrier _____ Email _____

Would you like to receive appointment reminders by text or email? Text- Yes No Email- Yes No

Names of Brothers & Sisters _____

Hobbies & Interests _____ Sporting Activities _____

School _____

If patient is a minor, give parent's name or guardian's name _____

Names of friends & relatives who are current or former patients _____

How did you hear about our office? _____

Patient's Dentist _____ Patient's Physician _____

RESPONSIBLE PARTY INFORMATION (for patients under the age of 18)

Father _____ Prefers to be called _____

Mailing Address _____

Home Phone _____ Cell Phone _____ Social Security # _____ Date of Birth _____

Employer _____ Occupation _____ # Years Employed _____

Please circle Parents are: Married Separated Divorced Widowed Never Married

Mother _____ Prefers to be called _____

Mailing Address _____

Home Phone _____ Cell Phone _____ Social Security # _____ Date of Birth _____

Employer _____ Occupation _____ # Years Employed _____

Responsible Party E mail address _____

INSURANCE INFORMATION

Do you have **Orthodontic Insurance**? YES NO If yes complete the following:

Insured's Name _____ Date of Birth _____ Insured's Social Security # _____

Insurance Company _____ ID # _____ Group # _____

Insurance Company Address _____

Insurance Company Phone # _____ Insured's Employer _____

Do you have dual coverage? YES NO If yes, complete the following:

Insured's Name _____ Date of Birth _____ Insured's Social Security# _____

Insurance Company _____ ID # _____ Group # _____

Insurance Company Address _____

Insurance Company Phone # _____ Insured's Employer _____

EMERGENCY INFORMATION

Name of nearest relative not living with you _____

Complete Address _____ Phone # _____

I understand that, where appropriate, credit bureau reports may be obtained and will be kept confidential.

Signature (Parent's signature if a minor) _____

CONTINUED ON BACK

DENTAL HISTORY

Patient's dentist _____ Does patient receive regular dental checkups? yes no
Last dental exam _____ Last dental x-rays _____

Has patient received any previous orthodontic consultation or treatment? _____

How often does patient brush their teeth? _____ Is floss used? _____ How often? _____

Does the patient currently have, or has the patient ever had any of the following?

Y N Periodontal disease

Y N Gum surgery

Y N Root canals, crowns or bridges

Y N Any clicking, popping or pain of jaw, joints (TMJ)

Y N Any missing or extra permanent teeth

Y N Trouble chewing

Y N Any past facial or mouth injuries What? _____

What are you or your Dentist most concerned about? (purpose of visit) _____

ORAL HISTORY

The following are some habits commonly found which may influence tooth position. List info as pertains to patient:

Y N Thumb sucking / until age _____ Y N Finger sucking / until age _____

Y N Nail biting Y N Mouth breather Y N Grinding of teeth

Other habits _____

Has patient ever had any speech therapy? _____

List any musical wind instruments played _____

HEALTH HISTORY

Has patient been under the care of a physician during the past 2 years? (other than routine checks) yes no

If yes, what for? _____

Is patient currently taking any medications? _____

Is patient allergic to anything (drugs, food, pollen, etc.)? _____

Does the patient currently have, or has the patient ever had any of the following?

Y N Tonsils removed Y N Epilepsy/Seizures Y N Nasal airway problems

Y N Adenoids removed Y N Asthma Y N Sinus problems

Y N Heart problems Y N Bleeding problems Y N Speech problems

Y N Diabetes Y N High blood pressure Y N Arthritis

Y N Anemia Y N Immune disorders Y N Tobacco usage

Y N Pneumonia Y N Lung problems Y N Respiratory problems

Y N Hepatitis Y N Tuberculosis

Does the patient have any special problems not listed above? _____
