THERESA SHAVER ORTHODONTICS
CONFIDENTIAL PATIENT INFORMATION FORM

PATIENT INFORMATION

Patient's Name			Nickname	Age
Address	City		State	Zip
Home Phone	Business Phone		Cell Phone	
Email Address	Driver's License Number	Social Security Number	Date of Birth Month / Date / Year	
If patient is a minor, please give parent's or guardian's name(s):			Whom may we thank for referring you to our practice?	

RESPONSIBLE PARTY INFORMATION (Please print)

Name		Relationship To Patient	❑ Single ❑ Married ❑ Divorced ❑ Widowed	
Address		City	State	Zip
Number of years at this address	Home Phone	Business Phone	Cell Phone	
Email Address	Driver's License Number	Social Security Number	Date of Birth Month / Date / Year	
Employer		Occupation	Number of years employed	
Spouse's Name		Relationship To Patient	Date of Birth Month / Date / Year	
Employer		Occupation	Number of years employed	
Email Address	Driver's License Number	Social Security Number	Cell Phone	

PATIENT'S DENTAL INFORMATION

Present Dentist	Phone Number
Address	Date of Last Cleaning Month / Date / Year

FEMALE PATIENTS

Are you taking birth control pills? ❑ Yes ❑ No

Are you pregnant? ❑ Yes ❑ No

If yes, week _____________

Are you currently nursing? ❑ Yes ❑ No

MEDICAL INFORMATION

Asthma	❑ Yes ❑ No	Blood Disorders	❑ Yes ❑ No	Cancer	❑ Yes ❑ No
Difficulty Breathing	❑ Yes ❑ No	Drug/Alcohol Abuse	❑ Yes ❑ No	Handicap/Disabilities	❑ Yes ❑ No
Heart Problems	❑ Yes ❑ No	HIV+/AIDS	❑ Yes ❑ No	Kidney/Liver Problems	❑ Yes ❑ No
Sinus Problems	❑ Yes ❑ No				

Allergies (i.e. medication, latex, food, etc.)	❑ Yes ❑ No	
Sleep Problems (i.e. apnea, airway issues, snoring)?	❑ Yes ❑ No	If yes, describe:
Any Operations or Hospital Stays?	❑ Yes ❑ No	If yes, describe:
If Patient Is A Minor Does the patient have any oral habits?	❑ Yes ❑ No	If yes, describe:

Patient's Personal Physician:	Phone Number:
Please provide us with the best way to contact you in case of emergencies related to our office closing, weather related issues, etc., (i.e. *email or work, home, cell phone number*):	
Signature of Patient/Parent or Guardian	**Date**

Theresa Shaver Orthodontics is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and the ADA.