GUIDRY & HORAIST
ORTHODONTICS

Patient Information

Today's Date _____ ☐ Male ☐ Female

Name _____
Last First MI

Date of Birth _____ Age _____ Common Name _____

Address _____
Street City/State/Zip

Cell # _____ Home # _____ Email _____

Responsible Party Information

Name _____ Relationship to Patient _____
Last First

Date of Birth _____ Social Security Number _____

Employer _____ Occupation _____

Cell # _____ Home # _____ Email _____

☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed

Spouse/Other _____ Relationship to Patient _____

Cell # _____ Home # _____ Email _____

Family members previously treated here _____

How did you hear about us? _____

Medical/Dental History

General Dentist _____ Last Visit _____

Is the patient under the care of a physician for a specific reason at this time? _____

_____

Physician's Name _____

Taking any prescription medication ☐ Yes ☐ No If so, which ones? _____

Are you currently taking a bisphosphonate for osteoporosis?

☐ Yes ☐ No ☐ Fosamax ☐ Boniva ☐ Actonel ☐ Other _____

List any drug sensitivities _____

Please check all of the following that apply:

☐ Asthma ☐ Jaw Joint Pain ☐ Teeth Grinding ☐ Diabetes ☐ Bone Disorders ☐ AIDS/HIV

☐ Epilepsy ☐ Heart Condition ☐ Hepatitis ☐ ADD/ADHA ☐ Kidney Problems ☐ Endocrine Problems

_____ _____
Signature of Patient/Parent/Guardian Date