GUIDRY & HORAIST ORTHODONTICS

Patient Information

Name _____ ☐ Male ☐ Female
Last First MI

Date of Birth _____ Age _____ Common Name _____

Family members previously treated here _____

How did you hear about us? _____

Primary Responsible Party Information

Name _____ Relationship to Patient _____
Last First

Address _____
Street City/State/Zip

Date of Birth _____ Social Security Number _____

Cell # _____ Home # _____ Email _____

Secondary Responsible Party Information

Name _____ Relationship to Patient _____
Last First

Address _____
Street City/State/Zip

Date of Birth _____ Social Security Number _____

Cell # _____ Home # _____ Email _____

Patient 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 ☐ Hepatitus ☐ ADD/ADHA ☐ Kidney Problems ☐ Endocrine Problems

_____ _____
Signature of Patient/Parent/Guardian Date