WESTON ORTHODONTIC ASSOCIATES, INC.

ADULT PATIENT REGISTRATION & HISTORY

Patient's Name (Print)……………………………………………………………… Today's Date……………………………………
(First) (Middle Initial) (Last) (Month) (Day) (Year)

Address……..
(Street) (City) (State) (Zip Code)

Home Phone # ………………………………… E-mail address.. Male ……………. Female……………

Age……………………………………………………………. Birthdate……………………………………………………….
(Yrs. & Mos.) (Month) (Day) (Year)

Referred By ……...

Occupation………………………………………….................. Employer……………………………………………………….

Work Phone #.. Cell Phone # …………………………………………………...

Patient's Marital Status…………………… Dental Insurance Company, If Covered ……………………………………………………

Spouse's Name…………………………… Occupation……………………………….. Employer……………………………………

Dentist's Name …………………………………………………… of ……………………………………………………………...
(City) (State)

Physician's Name ………………………………………………… of ……………………………………………………………...
(City) (State)

MEDICAL AND DENTAL HISTORY (A)

Are you under medical treatment now? (Specify) ……………………………………………………………………………………

Are you presently taking any medications? (Specify) ……………………………………………...……………………………...

Have you had any major operations? (Specify)……...……………………………………………………...

Have you ever had a serious accident involving head injuries? (Specify) ………………………………………………………...

Have you ever had any allergic reaction to drugs including penicillin? (Specify) ………………………………………………...

Is there now or was there ever a history of:

Allergies ………………...	Convulsions……………...	Epilepsy………………….	Anemia………………….
Diabetes…………………	Excessive Bleeding……...	Asthma ………………….	Ear or Hearing Problem…
Heart Disease……………	Rheumatic fever………….	Hepatitis…………………	HIV/AIDS………………

Female: Are you pregnant? …………………………………………………………………………………………………..

What prompted you to seek orthodontic treatment? ……………………………………………………………………………….

Do you breathe through your mouth or nose? ………………………………………………………...

Did you ever have previous orthodontic treatment? ……………………………………………………………………………….

Date of the last dental exam ………………………… Do you require antibiotics for dental procedures? …………................................