**Adam Goodman, D.M.D.**
GOODORTHO.COM

**Orthodontics for Adults and Children** **440 East 57th Street Suite #1A**

| | | | |
|---|---|---|---|
| **Patient's Name** | | **Age** | **Birth date:** |
| **Address** | | ☐ M☐ F | **Today's Date**: / / |
| **City/State/Zip** | | **Home Phone:** | |

**Cell phone of parent most likely to accompany patient to visit:**

**Cell phone of caregiver accompanying patient to visits:**

**E-mail for appointment confirmations/notifications**:

| | |
|---|---|
| **Dad's work phone:** | **Mom's work phone:** |
| **Patient's school:** | |
| **Who referred you?** | **Patient's Dentist:** |
| **Dental Insurance:** | **Subscriber**: **ID:** |

| | | |
|---|---|---|
| Approximate date of last dentist visit: | For what service? | |
| Any incidents of trauma to the dentition? | ☐Yes ☐No | Describe the injury. |
| Is the patient a mouth breather, or do they snore at night? | ☐ Yes ☐ No | |
| Did the patient ever suck their thumb or use a pacifier past age 3 | ☐ Yes ☐ No | |

## CHILD'S GENERAL HEALTH HISTORY

Patient's physician**:**

| | |
|---|---|
| Phone**:** | Fax: |
| Is the patient taking any medication**?** | ☐ Yes ☐ No |
| **Does the patient require Antibiotic Prophylaxis for dental procedures, or do they have a heart murmur or prosthetic valve?** | ☐ Yes ☐ No |
| Are there emotional or behavioral problems? | ☐ Yes ☐ No |

*If yes, explain.*

Is the patient allergic to any medication?

| | |
|---|---|
| Are there other allergies, such as to latex? | ☐ Yes ☐ No |
| Has the child any history of or difficulty with any of the following: | **If none of the below conditions apply, please check ______** |

| | | | | |
|---|---|---|---|---|
| ☐ Anemia | ☐ Chronic sinus | ☐ Hepatitis | ☐ Hearing | ☐ Malignancies |
| ☐ Asthma | ☐ Convulsions | ☐ Fainting | ☐ Intestinal | ☐ Mononucleosis |
| ☐ Canker Sore | ☐ Diabetes | ☐ Heart | ☐ Kidney | ☐ Skin |

**Any history or conditions not mentioned above:**

| | |
|---|---|
| **Your relation to the patient:** | **Print Name:** |
| **Signature**: | **Date**: |