

ACQUAINTANCE INFORMATION

Full Name _____ E-Mail Address _____

Address _____ City _____ Zip _____

Home Phone Number _____ Business Phone _____ Ext _____

Social Security No. _____ Birth date _____ Cell Phone _____

Employer _____ Occupation _____

Spouse's Name _____ Employer _____ Work Phone _____

Social Security No. _____ Birth date _____ Cell Phone _____

Who may we thank for referring you to our office? _____

Dentist's Name _____ Physician _____

Date of last dental check up _____ Any dental work needed? _____

Any family members with previous orthodontic treatment? _____

How long at the current address? _____ Buying Renting

Name of orthodontic insurance plan, if any _____

GENERAL HEALTH INFORMATION

Present Health: Excellent Good Fair Poor

Please check any medical conditions that apply, either past or present:

Heart trouble or murmurs	Head injuries	History of TB disease
Congenital heart lesions	Epilepsy	Any kind of lingering fever
Rheumatic Fever	Drug dependency	Bloody specks in your phlegm
Bleeding problems	Hepatitis	Night sweats
Blood disorders	HIV Positive (AIDS Virus)	Persistent cough or throat clearing not associated with a known illness (lasting more than 3 weeks)
Diabetes	Kidney or Liver involvement	Recent weight loss (not associated with a weight loss program)
Asthma	Latex sensitivity	
Pain in jaw joints	Chronic sinusitis	

Have you ever taken either the diet pill Fen-phen? Yes No OR Bisphosphonate (Fosamax)? Yes No

Any medical condition currently being treated? _____

Any known allergies or drug reactions? Penicillin Codeine Sulfa Drugs Aspirin Hay Fever Latex

Other _____

Any sensitivity (allergy) to metals, certain jewelry, etc.? Yes No _____

Any previous injuries to the face or teeth? Yes No _____

Is there any other medical or dental history or problem that you feel should be brought to the doctor's attention? Yes No

(If yes, please explain) _____

Signed _____ Date _____

Thank you for your cooperation in supplying the above information which will remain confidential.

ARTHUR L. KOBAL, D.D.S.