JEFFREY M. BARLOW DDS, PA

SPECIALIST IN ORTHODONTICS FOR CHILDREN AND ADULTS

Member American Association of Orthodontists

Welcome to our office. We appreciate your completing our
ORTHODONTIC ADULT ACQUAINTANCE CARD

Today's date _____ 20 ____

Patient's Name _____ Date of Birth _____ Age _____

Address _____

Home Phone _____ Cell Phone _____ Email _____

SS# _____ Driver's Lic. # _____ Employer _____

Occupation _____ Business Phone _____ Email _____

Emergency contact: Name _____ Relationship _____ Phone _____

Do you have Orthodontic Insurance? _____ Insurance Company Name: _____

Spouse Name _____ Name of Employer _____

Occupation _____ Business Phone _____

Does your spouse have Orthodontic Insurance? _____ Insurance Company Name: _____

Your Dentist Name _____ Date of last dental exam _____

Your Physician Name _____ Are you presently in good health? Yes ❒ No ❒

Other members of family who have had Orthodontic Treatment? _____ At this office? Yes ❒ No ❒

List any allergies or drug sensitivity _____ Penicillin _____ Codeine _____

Any accidents causing injury to Face, Mouth or Teeth? _____ When? _____

Check the following for which Patient has been treated:

❒ Glaucoma	❒ Rheumatic Fever	❒ Prolonged Bleeding	❒ Tuberculosis
❒ Diabetes	❒ Herpes	❒ Kidney Involvement	❒ Endocrine Problems (Hormones)
❒ Hepatitis	❒ Bone Disorders	❒ Fainting	
❒ Asthma	❒ Heart Trouble/Chest Pain	❒ Epilepsy/Convulsions	

Do you need antibiotics prior to any dental procedures? ❒ Yes ❒ No

Are you pregnant? ❒ Yes ❒ No

List any serious Health Problems _____

_____

Did you ever suck thumb or fingers as a child? ❒ Yes ❒ No If Yes, until what age? _____

Are you a Mouth Breather? While awake? ❒ Yes ❒ No While asleep? ❒ Yes ❒ No

Have you been informed of any missing or extra teeth? ❒ Yes ❒ No

Has an Orthodontist or Periodontist (Gum Specialist) been consulted previously? ❒ Yes ❒ No

Referred to this office by _____ Reason for Consultation _____

_____

Patient's Signature