# WELCOME

To Dr. Richard U. Mattson's
Orthodontic Office

## TELL US ABOUT YOUR CHILD

Today's Date_____ Male____ Female____

Child's Name_____

Child's Birth Date: _____/_____/_____ Age:_____

School_____ Grade_____

Hobbies/Sports:_____

Child's Home Address:

_____

_____

Phone Number:_____

List brothers/sisters _____

_____

Have they been treated in our office? ____yes ____no

General Dentist: _____

Last Visit Date: _____

Parent's Marital Status: _____Single _____Widowed
_____ Married _____ Divorced

## WHAT ARE YOUR MAIN CONCERNS?

_____

_____

_____

Has your child been seen by another Orthodontist?
Yes _____ No _____

Have there been any injuries to the face/jaw/mouth /teeth?
Yes _____ No _____

List any musical instruments played _____

Does your child brush daily? Yes _____ No_____
Does your child floss daily? Yes _____ No _____

## PATIENT MEDICAL HISTORY

| | |
|---|---|
| ____yes ____no | Tuberculosis |
| ____yes ____no | Asthma |
| ____yes ____no | Diabetes |
| ____yes ____no | Hepatitis |
| ____yes ____no | HIV+ or AIDS |
| ____yes ____no | Rheumatic Fever |
| ____yes ____no | Abnormal Bleeding |
| ____yes ____no | Epilepsy (Diantin) |
| ____yes ____no | Tonsils Removed |
| ____yes ____no | Adenoids Removed |
| ____yes ____no | Latex Allergy |
| ____yes ____no | Allergy to any Drugs |
| ____yes ____no | Heart Problems |
| ____yes ____no | Emotional Problems |
| ____yes ____no | Cancer |
| ____yes ____no | Dialysis/ Transplant/ Transfusion/Hospitalization |

Please List:_____

_____

Is your child currently under the care of a physician?
Yes _____ No _____

Please list any medication your child is currently taking.

_____

_____

Please list all medications your child is allergic to.

## DOES YOUR CHILD HAVE ANY OF THE FOLLOWING HABITS?

| | |
|---|---|
| ____yes ____no | Clenching/Grinding Teeth |
| ____yes ____no | Lip Sucking/Biting |
| ____yes ____no | Mouth Breather |
| ____yes ____no | Nail Biting |
| ____yes ____no | Speech Problems |
| ____yes ____no | Thumb/Finger Sucking |
| ____yes ____no | Tongue Thrust |