

David L. Way, D.D.S., M.S. *Specialist in Orthodontics*

1.
CHILD'S INFORMATION

Today's date: _____ M _____ F _____

Child's Name: _____
last first m

Nickname: _____ SS# _____

Birth Date: _____ Age: _____

School: _____ Grade: _____

Home Phone #: (____) _____

Home Address: _____

_____ city state zip

List brothers/sisters with age: _____

General Dentist: _____

Last visit date: _____

Parent's marital status: Single Married
Separated Widowed Divorced

2.
FATHER'S INFORMATION

Name: _____

Birth Date: _____

Hm # (____) _____ Wk #: (____) _____

Email: _____

Employer: _____

SS #: _____

3.
MOTHER'S INFORMATION

Name: _____

Birth Date: _____

Hm # (____) _____ Wk #: (____) _____

Email: _____

Employer: _____

SS #: _____

4.
RESPONSIBLE PARTY

Name: _____

Relation: _____

Billing Address: _____

_____ city state zip

Previous Address: _____

_____ city state zip

Hm # (____) _____ Wk #: (____) _____

Employer: _____

SS #: _____

5
PRIMARY ORTHODONTIC INSURANCE

Orthodontic Coverage? Yes _____ No _____

Insurance Co. Name: _____

Insurance Co. Address: _____

Insurance Co. Phone #: (____) _____

Group # (Plan, Local or Policy #): _____

Policy Owner's Name: _____

Policy Owner's Birth Date: _____

SS #: _____

Policy Owner's Employer: _____

6.
SECONDARY ORTHODONTIC INSURANCE

Orthodontic Coverage? Yes _____ No _____

Insurance Co. Name: _____

Insurance Co. Address: _____

Insurance Co. Phone #: (____) _____

Group # (Plan, Local, or Policy #): _____

Policy Owner's Name: _____

Policy Owner's Birth Date: _____

SS #: _____

Policy Owner's Employer: _____

7.
MEDICAL HISTORY

Y	N	Abnormal bleeding
Y	N	Allergies to any Drugs
Y	N	Allergic to Latex or Metals
Y	N	Allergic to Plastics
Y	N	Any Hospital Stays
Y	N	Any Operations
Y	N	Asthma
Y	N	Cancer
Y	N	Congenital Heart Defects
Y	N	Convulsions / Epilepsy
Y	N	Diabetes
Y	N	Handicaps / Disabilities
Y	N	Hearing Impairment
Y	N	Heart Murmur
Y	N	Hemophilia
Y	N	Hepatitis
Y	N	HIV+ / AIDS
Y	N	Kidney / Liver Problems
Y	N	Rheumatic Fever / Scarlet Fever
Y	N	Seasonal Allergies
Y	N	Tuberculosis

Please discuss any medical problems your child has had:

