KNECHT ORTHODONTICS

9115 Eagle Dr, Suite 300
Houston, TX 77534

(832) 982-1281

PATIENT INFORMATION *for* CHILD

Date: _____

Childs's Name: _____ Nickname: _____ Gender: _____

Date of Birth: _____ Age: _____ School: _____ Grade: _____

Child's Hobbies: _____

Has anyone in your family been treated in our office? _____

Please list all sibling(s) & age(s): _____

Please CIRCLE how you would you like to receive appointment reminders: Email Text Message Both

Parent / Guardian

Name: _____

Marital Status: _____

Address: _____

_____

Cell #: _____

Home #: _____

Email: _____

Date of Birth: _____

Social Security #: _____

Occupation/Employer: _____

R _____

H ite _____

Parent / Guardian

Name: _____

Marital Status: _____

Address: _____

_____

Cell #: _____

Home #: _____

Email: _____

Date of Birth: _____

Social Security #: _____

Occupation/Employer: _____

Are you on Facebook? Yes No Please join us @ www.facebook.com/knechtorthodontics

Are you on Instagram? Yes No Please join us @ knechtorthodontics

MEDICAL HISTORY

Please Circle All Conditions That Apply:

Heart abnormality	Diabetes	Cancer/Tumor	Hearing Impairment
Rheumatic/Scarlet fever	HIV/AIDS	GI Disorder	Speech Disorder
Artificial Heart Valve	Hepatitis	Epilepsy/Seizures	Fainting/Dizziness
High/Low Blood Pressure	Bronchitis	Autism	Nervous/Anxious
Kidney/Liver problems	Asthma	Cleft Lip/Palate	Tactile Defensive
Bleeding Abnormality	Thyroid Disorder	Birth Defect(s)	Major Surgery

DENTAL HISTORY

Child's Dentist: Last Dental Visit:

Any previous orthodontic consults? Yes No If so when:

Any previous orthodontic treatment? Yes No Please explain:

Main orthodontic concern:

Prior facial/dental injuries: Until age:

Oral habits (e.g. sucking thumb):

TMJ problems (clicking or pain):

Excessive grinding/clenching: Mouth breathing:

Tongue Thrusting: Missing or extra permanent teeth:

Any family history of jaw/orthognathic surgery:

Parent / Guardian Signature: **Date:**