

## Reason for Visit

### PERSONAL DETAILS

Patient Name: \_\_\_\_\_  
School \_\_\_\_\_  
Patient Birthdate: \_\_\_\_\_  
Mother Name: \_\_\_\_\_  
Father Name: \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

### CLINICAL DETAILS

What are you mainly concerned about? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any additional family members you would like us to see? We are happy to see them at the same visit for no extra cost as some problems (like crowding, overbites and missing teeth) can run in families? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you been to an orthodontist before? \_\_\_\_\_

What type of braces are you thinking about? \_\_\_\_\_

### FINANCIAL DETAILS

Besides yourself, is there anyone else that is financially responsible that should be with you at the consultation? If so what is their name and address?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Our experience has been that you and (spouse/dad/grandma) may have different questions for the Dr. regarding treatment so we suggest that they also be at the initial visit.

If you can come for long appointments, such as this one, during school hours we guarantee that all short appointments can be booked before or after school/work.