

CHILDREN'S ORTHODONTIC CONSULTATION

Robert G. Larson, DDS, MSD

Specialist in Orthodontics

6070 North Keystone Avenue
Indianapolis, Indiana 46220
(317) 253-6784

14950 Greyhound Court #1
Carmel, Indiana 46032
(317) 819-678

Date _____

Patient's Name _____

Nickname? _____ School _____

Date of Birth _____ (mm/dd/yr) Age ____ Sex ____

Patient's Address _____

City _____ St ____ Zip _____

Preferred Phone # _____

Child lives with Both Parents _____ Mother _____
Father _____ Joint Custody _____ Other _____

Billing Name _____

Address (if different) _____

City _____ St ____ Zip _____

Email _____ Billing Phone _____

Father's Name _____

Employer _____

Work Phone _____ Cell _____

Father's Birth Date _____ SS# _____

Mother's Name _____

Employer _____

Work Phone _____ Cell _____

Mother's Birth Date _____ SS# _____

Family Dentist _____

If referred, by whom? _____

If you have orthodontic insurance, please provide us with the following information:

Policy Holder's Name _____

Name of Insurance Co. _____

Insurance ID# _____ Group # _____

Parent Signature _____

Do you have or have you had: Yes No

Scoliosis

Anemia

Diabetes

Hepatitis

Heart Condition

Rheumatic Fever

Heart Murmur

Hemophilia or

Other Abnormal Bleeding

Cracking/Popping Jaw

Grinding Teeth

Frequent Earaches

Frequent Headaches

Mouth Breathing

Snoring

Thumb or Finger Sucking

Frequent Cold Sores or

Apthous Ulcers

AIDS, ARC or HIV Positive

List any Allergies _____

In your own words, what is the problem: _____

Are you currently being treated by any health practitioner, i.e. Dentist, M.D., Osteopath,

Chiropractor, Physical Therapist? Yes No

If yes, please explain _____

Family Physician _____

Have you had orthodontic treatment before?

Yes No

If yes, were you treated by a specialist in orthodontics? Yes No

If yes, where? _____ and by whom? _____

Do you have any medical, dental, health or physical condition not described previously? Yes No

If yes, explain _____

Would you like to receive appointment reminders via email? Yes No