



ORTHODONTIC ASSOCIATES OF IOWA

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NEW PATIENT REGISTRATION FORM-CHILD

Date _____ Patient Name _____ Preferred Name _____

School _____ Sex (M/F) _____ Age _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Home# _____ Mom Cell _____ Dad Cell _____

Which phone number do you prefer we use to contact you? Home Mom Cell Dad Cell

Primary Email for office communication _____

Preferred office communication? Phone Call Text Message Email

May we contact you via *text messaging* (rates apply)? Yes No Email? Yes No

Father's Name _____ Mother's Name _____

Father's Employer _____ Mother's Employer _____

Father's Work# _____ Mother's Work# _____

Parents' Marital Status _____ Person responsible for making appointments _____

Person/People responsible for account/billing _____

Does the patient have orthodontic insurance? Yes No Company _____

Policy Holder Name _____ DOB _____ Policy ID# _____

Who is the patient's dentist? _____ Did they refer you here? Yes No

If no, whom may we thank for referring you to us? _____

Date of Last Dental Exam _____ Does child have a recent panoramic x-ray? Yes No

Has child been treated for any *medical/psychological issues*?

Please explain _____

Is your child taking any medications? (please list) _____

Has your child ever taken bisphosphonates? Yes No (please list) _____

Has your child had any injuries or operations involving the head, neck, or teeth? Yes No

Please explain _____

Does your child have any drug allergies? Yes No (please list) _____

Is your child sensitive to: *Latex*? Yes No *Gluten*? Yes No *Milk Protein*? Yes No

Why are you seeking orthodontic treatment (braces) for your child? _____

Does child have a history of the following? (check all that apply)

Previous ortho tx _____ Underbite in the family _____

Clenching/grinding/wear _____ Thumb/finger habit _____

Missing/extra permanent teeth _____ Jaw joint pain (TMD/TMJ) _____

It is important that the above information is correct and complete. It will be held in the strictest of confidence and used only for in-office treatment and paperwork. Your permission will be required to share given information with any other party.