RESET

DR. JEFFREY S. KARLIN
ORTHODONTICS
BRACES AND INVISALIGN® FOR CHILDREN AND ADULTS
www.drkarlin.com Specialty Permit #5164

Date_____

1. Patient Information

Name _____
Last First MI

Preferred Name _____

Birthdate_____Age_____Sex_____S.S.# _____

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Address _____
Street City State Zip

Home Phone # _____

Other Family Members Treated in This Office _____

Child Patients: Siblings' Names and Birthdates _____

Referred By _____

Current Dentist_____Address_____

Phone # _____

Current Physician_____Address_____

Phone # _____

2. Primary Responsible Party Information

Name _____
Last First MI

Birthdate_____Relationship to Patient _____

Address _____
Street City State Zip

Home #_____Work #_____Cell # _____

E-mail_____S.S.# _____

Employer_____

Dental Ins. Co. Name_____Address_____

Phone # _____

ID #_____Group # _____

Orthodontic Coverage? ☐ Yes ☐ No

3. Secondary Responsible Party Information

Name _____
Last First MI

Birthdate_____Relationship to Patient _____

Address _____
Street City State Zip

Home #_____Work #_____Cell # _____

E-mail_____S.S.# _____

Employer_____

Dental Ins. Co. Name_____Address_____

Phone # _____

ID #_____Group # _____

Orthodontic Coverage? ☐ Yes ☐ No

(over) →

4. Medical History

Yes	No		Yes	No	
☐	☐	Heart Murmur	☐	☐	Arthritis
☐	☐	Congenital Heart Defect	☐	☐	Skin Disorder
☐	☐	Rheumatic Heart Disease	☐	☐	Endocrine Disorder
☐	☐	Prosthetic Heart Valve	☐	☐	Convulsions/Epilepsy
☐	☐	Previous Endocarditis	☐	☐	Abnormal Bleeding/Hemophilia/Anemia
☐	☐	Angina/Heart Attack/Stroke	☐	☐	Kidney Problems
☐	☐	Cancer	☐	☐	Bone Disorder
☐	☐	Diabetes	☐	☐	Previous Operations
☐	☐	HIV/AIDS	☐	☐	Previous Hospitalizations
☐	☐	Asthma/Hayfever	☐	☐	Handicap/Disability
☐	☐	Liver Disorder/Hepatitis	☐	☐	Emotional Problems
☐	☐	Tuberculosis/Pneumonia	☐	☐	Premature Birth
☐	☐	Nickel/Metal Allergy	☐	☐	Hearing Impairment
☐	☐	Latex Allergy	☐	☐	Current Pregnancy

Please indicate any medical conditions not listed above _____

Please elaborate on any medical conditions indicated above _____

Please list all prescription medications, nutrient supplements, or non-prescription medications currently being taken

_____

Please list all medications to which the patient is allergic _____

Is the patient currently being treated by a physician? ☐ Yes ☐ No

Why? _____

5. Dental History

Yes	No		Yes	No	
☐	☐	Speech Problems	☐	☐	Tonsil or Adenoid Conditions
☐	☐	Chipped or Otherwise Injured Teeth	☐	☐	TMJ Pain/Clicking/Locking
☐	☐	Sinus Trouble	☐	☐	Thumb/Finger Sucking Until_____
☐	☐	Jaw Fractures/Cysts/Infections	☐	☐	Gum Problems
☐	☐	Abnormal Swallowing/Tongue Thrusting	☐	☐	Mouth Breathing/Snoring
☐	☐	Tooth Grinding/Jaw Clenching	☐	☐	Ringing in the Ears (Tinnitus)

Please indicate your primary orthodontic concerns _____

Date of most recent dental examination _____ Were X-Rays taken? ☐ Yes ☐ No

6. Acknowledgement

I have read and understand the above questions. The information that I have given is correct to the best of my knowledge. I will not hold my orthodontist or any member of his staff responsible for any errors or omissions that I have made in the completion of this form. If there are any changes later to this history record or medical/dental status, I will so inform this practice. I authorize release of any information relating to all insurance claims. I hereby authorize payments directly to the above named dentist of the group insurance benefits otherwise payable to me.

X _____ _____

Signature of parent/guardian or patient if over 18 years of age Date

7. Acknowledgement of Receipt of Notice of Privacy Practices

You May Refuse to Sign This Acknowledgement

I have received a copy of this office's Notice of Privacy Practices.

Please Print Name _____

Signature **X** _____

Date _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but, Acknowledgement could not be obtained becasue:

____ *Individual refused to sign*

____ *Communications barriers prohibited obtaining the acknowledgement*

____ *An emergency situation prevented us from obtaining acknowledgement*

____ *Other (Please Specify)* _____