

CHILD PATIENT PERSONAL INFORMATION

Chart #

Consultation date: Sex: Female Male
Patient's Name: (Nick name): Date of Birth: M D Y
Patients Address: Home Phone Number:
City: Province: Postal Code:
Siblings: Name: Age: Name: Age: Name: Age:

PARENT/GUARDIAN INFORMATION

Mother's Name (Dr/Mrs/Ms/Miss): Father's Name (Dr/Mr):
Address: Address:
City: Province: City: Province:
Postal Code: Email: Postal Code: Email:
Home Phone Number: Home Phone Number:
Work Number: Cell: Work Number: Cell:
Occupation: Occupation:
Person(s) responsible for financial obligation:
Marital Status (check one): Single Common Law Married Separated Divorced Widowed

DENTAL HISTORY

Who is your family Dentist? Date of last dental check-up:
Have you seen an Orthodontist before? If yes, when?
Does your child require antibiotics or other medications prior to dental treatment? Yes No
Indicate any history of (check all that apply): Jaw joint problems Grinding/clenching of teeth
Thumb/finger sucking Injury to face or teeth Tongue position/or swallowing problems
Tonsils/adenoids removed Speech/articulation problems Mouth breathing more than nose breathing

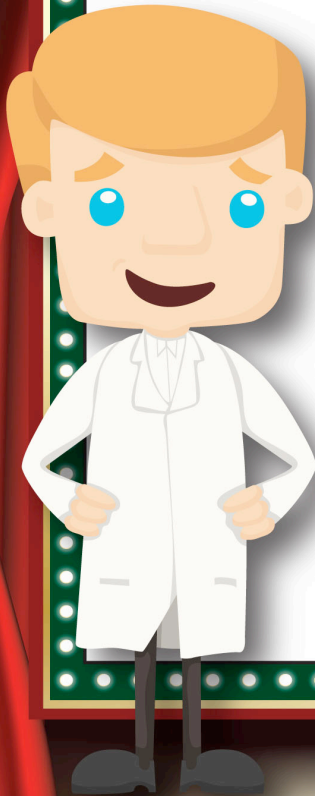
MEDICAL HISTORY

Family Physician: Date of last medical check-up:
Are you currently under medical care? If yes, explain:
Do you have any drug allergies? If yes, explain:
Indicate any history of (check all that apply): Nickel/Metal allergy Latex allergy Rheumatic fever
Epilepsy or seizures Hereditary problems Asthma Headaches
Hepatitis Heart murmur Heart problems H.I.V. Positive
Diabetes Anemia Prolonged bleeding Other:

Who may we thank for referring you?
Reason for today's visit:
I authorize Dr. Boutin to do a clinical orthodontic examination and photographic documentation. (Parent/Guardian Signature)

INSURANCE INFORMATION

Table with 2 columns: Insurance Plan 1 (please print) and Insurance Plan 2 (please print). Rows include Employee's Name, Company Name, Insurance Company, Group/Policy Number, Certificate or I.D. Number, Date of Birth, and Relationship to Patient.



# MEET DR. BOUTIN

- He has been an Orthodontist for 20 years and loves straightening teeth!
- He and his wife have raised four children and they have a dog, a cat and a bird at home.
- Dr. Boutin, his wife and all four of his children have had braces.
- His favorite book is *The Lord of the Rings*, his favorite food is Nanaimo Bars and his favorite music artist is Jim Croce.
- He played hockey for 12 years while growing up and likes fishing, snorkeling, going to the movies, and driving sports cars. He also golfs, but only when friends and family force him to!
- He loves things that fly – he flew radio control aircraft for years and got his pilot's license in 2009 to fly real full-size helicopters (fulfilling a life-long dream!)

NOW TELL HIM ABOUT YOU:

|                                 |                          |                                 |                         |
|---------------------------------|--------------------------|---------------------------------|-------------------------|
| My Name is:<br>You Can Call Me: | Favorite Things To Do:   | Favorite Sports:                | Favorite Foods:         |
| Favorite Musical Artist:        | Favorite Book:           | Favorite Movie:                 | Favorite Video Game:    |
| Pets At Home:                   | My Dream for the Future: | My Friends:<br>Have Braces Too! | Wearing Braces will be: |