shimizu-orthodontics.com
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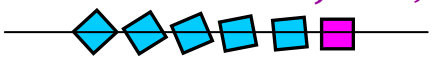
# Kenneth A. Shimizu, DDS, MSD



Orthodontic Specialist for Children and Adults

877 W. Fremont Ave., #G-1
Sunnyvale, CA 94087

Please fill out this form as completely as possible prior to your Initial Orthodontic Examination Appointment

## About You

Today's Date _____

Name _____ Please Circle: Mr Mrs Ms Dr

I prefer to be called _____ Birthdate _____ Age _____

Soc. Sec. # _____ Driver's License # _____

Home Address _____ Apt. # _____

_____ Years at this address _____

☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Home # _____ Work # _____ e-mail _____

Employer _____ Years Employed _____ Occupation _____

Whom may we Thank for referring you to our office? _____

Other family members seen by us _____

Who will be financially responsible for your treatment? _____

## Spouse Information

His/Her Name _____ Please Circle: Mr Mrs Ms Dr

Address (if different from above) _____

Soc. Sec. # _____ Driver's License # _____ Birthdate _____

Employer _____ Years Employed _____ Occupation _____

Home # _____ Work # _____ e-mail _____

## Orthodontic Insurance

Is Orthodontic Coverage Available? ☐ Yes ☐ No

Name of Insured _____ Relationship _____

Insurance Company Name _____ Phone # _____

Insurance Company Address _____ Group # _____

Is Secondary or Dual Insurance Coverage Available? ☐ Yes ☐ No

Name of Insured _____ Relationship _____

Insurance Company Name _____ Phone # _____

Insurance Company Address _____ Group # _____

Please Continue

## Medical Information

Physician's Name _____ Date of Last Medical Exam _____

Address _____ Phone # _____

If currently under a Physician's care, for what reasons? _____

If taking any medications, please list: _____

Are you allergic to any medications: _____ Latex allergy? _____

Do you require any medications prior to dental work? _____

Women: if pregnant, how far along are you? _____

Do you have or have you ever had any of the following: (check if "Yes")

| | | | |
|---|---|---|---|
| ☐ Heart Disease | ☐ Ulcers | ☐ Epilepsy | ☐ Allergies |
| ☐ Abnormal Blood Pressure | ☐ Tuberculosis / Lung disease | ☐ Frequent Headaches | ☐ Asthma |
| ☐ Rheumatic Fever | ☐ Venereal Disease | ☐ Nervous Disorders | ☐ Arthritis |
| ☐ Stroke | ☐ Hepatitis / Liver Problems | ☐ Cancer or Leukemia | ☐ Sinus Trouble |
| ☐ Pacemaker | ☐ Jaundice | ☐ Radiation Therapy | ☐ Hay Fever |
| ☐ Bleeding Problems | ☐ Diabetes | ☐ H.I.V. Positive | ☐ Glaucoma |
| ☐ Anemia | ☐ Herpes | ☐ Bone Disorders | ☐ Growth Disorders |

If Yes, please explain _____

## Dental Information

Current Dentist's Name _____ City _____ Date of Last Visit _____

Date of Last X-Rays _____ Type _____ Are you currently experiencing dental pain? _____

Have you had or do you notice any of the following?

| | | |
|---|---|---|
| ☐ Teeth sensitive to hot, cold, sweets or pressure | ☐ Clicking or popping of jaw joint | ☐ Pain, swelling, or bleeding gums |
| ☐ Traumatic injury to teeth or mouth | ☐ Clenching or grinding of teeth | ☐ Loosening of the teeth |
| ☐ Pain or tenderness around ear, joint, or side of face | ☐ Periodontal treatment | Oral habits: ☐ Thumb or finger sucking |
| Difficulty in: ☐ Opening / closing ☐ Chewing | ☐ TMJ / Splint treatment | ☐ Lip / Cheek biting ☐ Nail biting |
| ☐ Swallowing ☐ Speaking | ☐ Ulcers / Cold sores | ☐ Mouth breathing ☐ Tongue thrust |

If Yes, please explain _____

Are you nervous about having dental treatment? _____

## Orthodontic Information

What is your primary concern about your teeth? _____

_____

How would you like us to correct the problem? _____

Do you have any concerns about orthodontic treatment? _____

Have you had other Orthodontic consultations / treatment? _____ Orthodontist _____

Please describe _____

Have other family members had orthodontic treatment? _____ Orthodontist _____

Is there any additional information you would like us to know? _____

_____

*Please bring this completed form to your Initial Orthodontic Exam Appointment. We look forward to meeting you!*

Signed _____ Date _____ Reviewed by _____

The information provided above may be used to obtain Insurance confirmation