

Michael J Kania, DDS, PA

417 N Church Street
Asheboro, NC 27203
336-629-9115

PATIENT INFORMATION

Date: _____

Patient Name: _____ Sex: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ SS# _____

Place of Employment: _____ Work Phone: _____

E-mail address: _____

Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Referred to our office by: _____ Previous Orthodontist: _____

Names of any relative treated in this office: _____

MEDICAL INFORMATION

Dentist: _____ Physician: _____

General Health: _____

Habits: Tongue Thrust Finger Sucking Nail Biting

Illnesses: Rheumatic Fever Diabetes Asthma
 Hepatitis Heart Disease Mental Disorders
 Tuberculosis Blood Disease HIV
 Organ Transplant Heart Valve Replacement

Food or Drug Allergies: _____

Drugs/Medications currently being taken: _____

Hospitalizations: _____

Any pain or noise (pop or clicks) in the jaw joint? _____

Additional information that may be beneficial in evaluating your need for orthodontioic treatment: _____
