Michael J Kania, DDS, PA
417 N Church Street
Asheboro, NC 27203
336-629-9115

PATIENT INFORMATION

Date: ____________

Patient Name: ____________ Preferred name: ____________ Sex: ____________

Birthdate: ____________ Age: ______ School: ____________ Grade: ______

Address: ____________

City: ____________ Zip: ______ Home Phone: ____________ Cell: ____________

Father's Name: ____________ Cell: ____________

Place of Employment: ____________ Work Phone: ____________

Mother's Name: ____________ Cell: ____________

Place of Employment: ____________ Work Phone: ____________

Name of person financially responsible: ____________ SS#: ____________

E-mail address: ____________

Referred to our office by: ____________

Names of siblings in treatment now or previously 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: ____________

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