Joseph A. Persichetti, D.M.D. *Practice limited to Orthodontics*

Date ______________

Patient's Name ______________________________ Age ______ Sex ______
Last First Middle

Address ______________________ City __________ Zip ________ Phone ________

Employer ______________________ Occupation ______________ Phone ________

Birthdate: ______________________ Patient's Dentist ______________

Referred By ______________________ Patient's Physician ______________

FAMILY INFORMATION (minors only)

Father ____
Name Address City Zip Phone

Employer ______________ Occupation ______________ Phone ________

Mother ____
Name Address City Zip Phone

Employer ______________ Occupation ______________ Phone ________

☐ Single ☐ Married ☐ Separated ☐ Divorced

Person Responsible for Account: Name ______________________________

Address ____

City __________ Zip __________ Phone __________ (H) __________ (W)

MEDICAL HISTORY

Is Patient in Good Health? ☐ Yes ☐ No

CHECK ANY OF THE FOLLOWING FOR WHICH THE PATIENT HAS BEEN TREATED

☐ Diabetes	☐ Tuberculosis	☐ Endocrine Problems
☐ Pneumonia	☐ Anemia	☐ Prolonged Bleeding
☐ Heart Disease	☐ Epilepsy	☐ Fainting or Dizziness
☐ Rheumatic Fever	☐ Asthma	☐ Nervous Disorders
☐ Bone Disorders	☐ Kidney Disease	☐ Liver Disease
☐ Glaucoma	☐ Hepatitis	☐ Other

Does patient have tendency to ☐ Colds ☐ Sore Throats ☐ Ear Infections
Have tonsils and adenoids been removed? What age: __________ ☐ Yes ☐ No
List any drugs or medications now being taken. ______________________________
____

List any allergies or drug sensitivity. ______________________________
Has the patient reached puberty? (Not applicable for adults)
Girls: Has she started menstruation? ☐ Yes ☐ No
Boys: Has his voice changed? ☐ Yes ☐ No
Height ______________ Weight ______________
Approximate date of last dental examination ______________________________
Have there been any injuries to the face, mouth or teeth? ☐ Yes ☐ No
Has the patient ever sucked a thumb or fingers? Until what age? ☐ Yes ☐ No Age ____
Does the patient have any speech problems? ☐ Yes ☐ No
Reason for consultation ______________________________
____

Holland 215.364.1480 Washington Crossing 215.493.7700