

# Kita Orthodontics Patient and Parent Information

**Patient Name:** \_\_\_\_\_  
Nick Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
S.S.#: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
School (if student): \_\_\_\_\_ Grade: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Orthodontic Insurance Carrier: \_\_\_\_\_  
  
Current Dentist: \_\_\_\_\_ Current Physician: \_\_\_\_\_  
Whom may we thank for the Referral: \_\_\_\_\_

## **Parent Information:**

**Father's Name:** \_\_\_\_\_  
Address (if different from Patient's): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_ SS Number: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Orthodontic Insurance Carrier: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
Address (if different from Patient's): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_ SS Number: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Orthodontic Insurance Carrier: \_\_\_\_\_

## **INFORMATION ABOUT PERSON RESPONSIBLE FOR THIS ACCOUNT**

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_  
Employed by/Occupation: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

IF DIVORCE IS INVOLVED, WHO IS THE CUSTODIAL PARENT? \_\_\_\_\_  
MAY PATIENT INFORMATION BE RELEASED TO THE NONCUSTODIAL PARENT? { } YES { } NO

PLEASE FILL OUT THE KITA ORTHODONTICS HEALTH HISTORY FORM