

**welcome!**  
new patient registration



Today's Date \_\_\_\_\_

Patient Name \_\_\_\_\_ Prefers to be called \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Family Physician \_\_\_\_\_

What do you wish was different about your smile? \_\_\_\_\_

\_\_\_\_\_

Who may we thank for referring you to Hannon Orthodontics? \_\_\_\_\_

Person responsible for account \_\_\_\_\_

SS# \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Do you have orthodontic insurance coverage?  YES  NO Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Name of Insured \_\_\_\_\_

Group Number \_\_\_\_\_ Phone/Contact \_\_\_\_\_

May we use your photo and comments/quotes in advertising campaigns?  YES  NO

Signature \_\_\_\_\_

“The world  
always looks  
better from  
behind a  
smile.”

-Anonymous

# Health Questionnaire

Today's Date \_\_\_\_\_

Patient Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Family Dentist \_\_\_\_\_ Date of last dental visit \_\_\_\_\_

## Have you ever had the following dental treatment?

- Orthodontics \_\_\_\_\_ date \_\_\_\_\_ by Dr. \_\_\_\_\_
- Periodontal treatment (gum treatment)
- Mouthguard or splint therapy for jaw joint problems
- Jaw surgery to change your bite or to correct jaw joint

## Do you have or have you had any of the following oral conditions?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Sensitive teeth          | <input type="checkbox"/> Bleeding gums                     | <input type="checkbox"/> Food wedging between teeth       |
| <input type="checkbox"/> Clenching or grinding    | <input type="checkbox"/> Pain around ear                   | <input type="checkbox"/> Swelling or lumps in the mouth   |
| <input type="checkbox"/> Bad Breath               | <input type="checkbox"/> Mouth Breathing                   | <input type="checkbox"/> Tobacco use                      |
| <input type="checkbox"/> Pain in the jaw, face    | <input type="checkbox"/> Oral habits (thumb sucking, etc.) | <input type="checkbox"/> Jaw joint sounds or pain         |
| <input type="checkbox"/> Dry mouth                | <input type="checkbox"/> Pain when opening mouth           | <input type="checkbox"/> Inability to floss between teeth |
| <input type="checkbox"/> Poorly functioning teeth | <input type="checkbox"/> Discolored teeth                  | <input type="checkbox"/> Jaw get stuck open or closed     |

## Do you have or have you had any of the following medical conditions?

- |  |  |  |
|--|--|--|
| Y/N  | Y/N  | Y/N  |
| <input type="checkbox"/> Rheumatic Fever         | <input type="checkbox"/> Congenital heart lesions/murmur | <input type="checkbox"/> Heart condition           |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Anemia                          | <input type="checkbox"/> Arthritis, swollen joints |
| <input type="checkbox"/> Inflammatory rheumatism | <input type="checkbox"/> Kidney problems                 | <input type="checkbox"/> Tuberculosis              |
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Yellow jaundice                 | <input type="checkbox"/> Hepatitis type _____      |
| <input type="checkbox"/> Liver Disease           | <input type="checkbox"/> High Blood Pressure             | <input type="checkbox"/> Low Blood Pressure        |
| <input type="checkbox"/> Severe headaches        | <input type="checkbox"/> Dizziness or fainting           | <input type="checkbox"/> Convulsions or seizure    |
| <input type="checkbox"/> Eye problems            | <input type="checkbox"/> Ear problems                    | <input type="checkbox"/> Sinus problems            |
| <input type="checkbox"/> Nose bleeds             | <input type="checkbox"/> Speech problems                 | <input type="checkbox"/> Swallowing problems       |
| <input type="checkbox"/> Easy Bruising           | <input type="checkbox"/> Venereal disease                | <input type="checkbox"/> HIV positive              |
| <input type="checkbox"/> ADD/AHA                 |  |  |

- Y/N
- Are you currently under a physician's care? If yes, describe
  - Has patient ever been hospitalized or had any serious illness? If yes, describe
  - Does patient have any drug allergies? If yes, list medications
  - Is patient allergic to latex, metal or vinyl?
  - Is patient taking any medication? If yes, list medications
  - Female patients - could patient possibly be pregnant at the present time

Patient or Parent Signature (if patient is under 18 years)

\_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## driving directions to gastonia, belmont & shelby



### **Gastonia Office** **525 S. New Hope Rd., Gastonia**

**Traveling South** I-85 South towards Gastonia. Exit #20 Dallas/New Hope Rd. Turn Left onto N. New Hope Rd. (Hwy 279). Cross over Franklin Blvd. Go approx. 4/10 of a mile. Office is on the right, behind Citizens South Bank.

**Traveling North** I-85 North towards Gastonia/Charlotte. Exit #20 Dallas/New Hope Rd. Turn right onto N. New Hope Road.(Hwy 279). Cross over Franklin Blvd. Go approx. 4/10 of a mile. Office is on the right, behind Citizens South Bank.



### **Belmont Office** **301 Park St., Belmont**

**Traveling South** I-85 South towards Gastonia. Exit #27 Belmont/Mt. Holly. Turn left onto Park St.(Hwy 273). Cross over Wilkinson Blvd. Go approx. 1/3 of a mile. Office is on the right.

**Traveling North** I-85 North towards Charlotte. Exit #27 Mt Holly. Turn right onto Park St. (Hwy 273). Cross over Wilkinson Blvd. Go approx. 1/3 of a mile. Office is on the right.



### **Shelby Office** **221 Simpson Park Rd., Shelby**

**Traveling South** I-85 South towards Shelby. Exit #10B Kings Mtn./Shelby onto US-74W. Turn right onto E. Marion St. Turn right onto Cherryville Rd. Turn left on Wyke Rd. Turn left onto Simpson Park Rd. Office is on the right, inside Dr. Jimachello's Dentist Office.

“A warm smile  
is the  
universal  
language of  
kindness.”

-Wm. A.Ward