

H. L. STRICKLAND, JR., D.D.S., P.A.

Specialist In Orthodontics
For
Adults And Children

OFFICE LOCATIONS:
EASTERN SHORE

BAY MINETTE

FOLEY

GULF SHORES

REGISTRATION HISTORY ADULT

PATIENT'S NAME _____ AGE _____

HOME TELEPHONE _____

YOUR INTERESTS/HOBBIES _____

WHOM MAY WE THANK FOR REFERRING YOU TO OUR OFFICE? _____

DO YOU HAVE ANY FRIENDS OR RELATIVES THAT ARE OR HAVE BEEN PATIENT'S HERE? _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

LOCATION ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMPLOYED BY _____ TELEPHONE _____

BUSINESS ADDRESS _____ POSITION _____

IN CASE OF EMERGENCY WHO SHOULD BE NOTIFIED _____ TELEPHONE _____

ARE YOU SINGLE _____ MARRIED _____ DIVORCED _____ SEPERATED _____

NAME OF SPOUSE _____

WHO WILL PAY THIS ACCOUNT _____

DO YOU HAVE ORTHODONTIC INSURANCE THAT MAY REIMBURSE YOU FOR ANY PART OF OUR PROFES-
SIONAL SERVICES? YES _____ NO _____

NAME OF INSURANCE COMPANY _____

MAXIMUM LIMITS OF YOUR ORTHODONTIC COVERAGE _____

RESPONSIBLE PARTY E-MAIL ADDRESS _____

PATIENT'S E-MAIL ADDRESS _____

CELL PHONE CONTACT NUMBER _____

NAME OF PHYSICIAN _____ PHONE _____

ADDRESS _____

MAY WE REQUEST YOUR HEALTH CARE RECORDS IF NECESSARY YES _____ NO _____

DATE OF LAST HEALTH CARE EXAMINATION _____ FOR WHAT _____

BIRTHDATE _____

HAVE YOU BEEN HOSPITALIZED IN THE LAST 5 YEARS _____ FOR WHAT _____

HAVE YOU EVER HAD:

	YES	NO		YES	NO
ANEMIA	___	___	TONSILS/ADENOIDS OUT	___	___
DIABETES	___	___	EPILEPSY	___	___
GROWTH DISORDER	___	___	RHEUMATIC FEVER	___	___
BONE PROBLEMS	___	___	ABNORMAL BLOOD PRESSURE	___	___
HEART PROBLEMS	___	___	HEPATITIS	___	___
HEART MURMER	___	___	WOMEN — ARE YOU PREGNANT	___	___
ALLERGIES TO MEDICATIONS	___	___			
ASTHMA	___	___			

IF ALLERGIES TO MEDICATIONS OR DRUGS, INDICATE WHICH ONES _____

ARE YOU ON ANY MEDICATION _____ FOR WHAT _____

OTHER PHYSICAL, MEDICAL, OR EMOTIONAL CONDITIONS _____

PURPOSE OF THIS APPOINTMENT _____

IF TREATMENT IS NECESSARY, HOW SOON WOULD YOU PREFER TO BEGIN _____

ARE YOU INTERESTED IN CLEAR OR INVISIBLE BRACES? _____