

**WELCOME TO OUR OFFICE. WE WOULD LIKE TO GET
TO KNOW YOU BETTER**

Our office is here to provide our patients with the best orthodontic treatment available. But, our patients are also our friends. Would you please take a few minutes to answer the questions below so that we may get to know you better.

ADULT PATIENT INFORMATION:

1. What name do you prefer that we call you _____
2. Place of employment? _____
3. Occupation? _____
4. What are your hobbies and free-time activities? _____
5. What kinds of books or movies do you like? _____
6. What kinds of sports do you enjoy/play? _____
7. Please list the names of any friends or relatives who come to our office: _____
8. Special requests or considerations: _____

CHILD OR TEEN PATIENTS INFORMATION:

1. What name do you prefer that we call you? _____
2. Name of school, and grade: _____
3. What are your favorite subjects at school? _____
4. Are you on any school sports teams or involved with any activity groups at school? (e.g. drama, band, etc.) _____
5. What are your hobbies and free-time activities? _____
6. What types of sports do you like? _____
7. Do you have any pets? If so, what kind: _____
8. What kinds of book or movies do you like? _____
9. Please list the names of any friends or relatives who come to our office: _____

Thank you for taking the time to answer these questions. We ask that you bring this form with you to your orthodontic examination appointment. We are looking forward to meeting you!