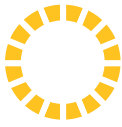
General Dentists:
David Loveday DDS
Beth Loveday DDS

6025 S. Sunbury Road
Westerville, Ohio 43081

PH 614 - 891 - 6767
FX 614 - 895 - 4720

www.sunburyplazadental.com
smile@sunburyplazadental.com



Sunbury Plaza
Dental

Welcome!

Child Health Questionnaire

today's date

Name | Preferred or Nickname

Social Security # | Age | Birthdate | Gender: M F

Street Address | City | Zip

Home Phone | Cell Phone

E- Mail | School | Grade Level

Family Dentist | Last visit

Family Physician | Who may we thank for telling you about our office?

Names of other children treated here

Why are you seeking an orthodontic consultation? Please explain:

Who is financially responsible for your dental care? | Are mother and father currently married to one another? yes no

Father | Mother

Father's Address | Mother's Address

Father's Address continued | Mother's Address continued

Father's Social Security # | Mother's Social Security #

Father's Employer | Mother's Employer

Daytime Phone | Daytime Phone

Is dental insurance coverage available? Primary? | Is dental insurance coverage available? Primary?

Name of dental insurance company | Name of dental insurance company

Parental Signature | Date

Thank you for choosing us for your orthodontic team. On the next page is a brief medical and dental history questionnaire. Your responses are important for us to form an accurate understanding of your child's orthodontic needs. We look forward to helping you achieve a beautiful smile. Your signature also gives us permission to contact your dentist or physician to obtain information.

Continued on next page

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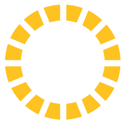

Sunbury Plaza
Dental

Does your son or daughter have to take medicine before a dental appointment? Yes No

List allergies:

Current medications:

Please circle all which apply:

Heart conditions	Heart murmur	High blood pressure	Scarlet fever	AIDS or AIDS complex
Hepatitis	Liver disease	Diabetes	Kidney disease	Asthma Tuberculosis
Lung disease	Arthritis	Epilepsy	Fainting spells	Cancer
Tumors	Smoker	Contact lenses	Allergy to metals	Allergy to dental materials
X-ray treatments	Suspect pregnancy	Nursing	Birth control pills	Good health

Has their health changed in the last year? Yes No

Please comment on all circled items:

Dental History

Please circle all which apply:

Baby teeth removed	Permanent teeth removed	Difficulty breathing through nose	Speech problems
Tonsils or adenoids removed	Periodontal (gum) treatment	Root canal treatment	TMJ treatment
Treatment to change the bite	Finger sucking habit	Injury to face, jaws or teeth	Difficulty chewing
Sores or lumps	Clenching teeth	Grinding teeth	Pain around jaws
Frequent headaches	Numbness in mouth or face	Dead or discolored teeth	Broken teeth

Please comment on all circled items:

Previous orthodontic treatment? Yes No

When and why?

Previous orthodontic evaluation? Yes No

When?

How often does he/she see a Dentist?

Any unpleasant experiences?

What aspect of orthodontic treatment are you (the parent) most concerned about?

What is your child's attitude toward orthodontic treatment?

Anything else you would like us to know:

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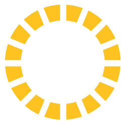

Sunbury Plaza
Dental

Welcome!

We here at Sunbury Plaza Dental think of ourselves as a family and we are so glad you are joining us. To help us get to know you better please tell us a little about you.

Your name ____________ Who came with you today? ____________

How old are you? ____________ What grade are you in? ____________

Which school? ____________

Do you have any brothers or sisters? yes no How many? ____________

Brother ____________ age ____ Sister ____________ age ____

Brother ____________ age ____ Sister ____________ age ____

Brother ____________ age ____ Sister ____________ age ____

(More room on back if you need it)

How many pets? ____ What type ____________ Name ____________

What type ____________ Name ____________

Do you play any sports? ____ List your favorite first ____________

Circle the number to show how you feel about braces:

(Excited!) 10 9 8 7 6 5 4 3 2 1 (Hate it!)

What is your number one question about braces:

____

____

____

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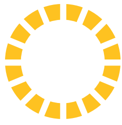

Sunbury Plaza
Dental

Welcome!

Adult Health Questionnaire

today's date

Name | Preferred or Nickname

Social Security # | Age | Birthdate | Gender: M F

Marital Status

Street Address | City | Zip

Home Phone | Cell Phone

E- Mail | Preferred contact methods (circle one): Home Cell phone Email Text

Family Dentist | Last visit

Family Physician

Who may we thank for telling you about our office?

Why are you seeking an orthodontic consultation? Please explain:

Who is financially responsible for your dental care?

Your Employer | Occupation

Is dental coverage available? | Name of insurance company?

Does your spouse have dental coverage? | Name of insurance company?

Spouse's Name | Social Security #

Address | City | State | Zip

Employer | Work Phone | Home Phone

Comments:

Your Signature | Date

Thank you for choosing us for your orthodontic team. On the back is a brief medical and dental history questionnaire. Your responses are important for us to form an accurate understanding of your orthodontic needs. **We look forward to helping you achieve a beautiful smile.**