



# Cook Orthodontics

Victor J. Cook, Jr., DDS, MS  
Specialist in Orthodontics

## General Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Nickname \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Sex  Male  Female Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residence Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Person Financially Responsible \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Address (if different than patient's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residence Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_

Do you have insurance coverage for orthodontics? \_\_\_\_\_

Father Employed by \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Full Name \_\_\_\_\_

Address (if different than patient's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residence Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_\_

Do you have insurance coverage for orthodontics? \_\_\_\_\_

Mother Employed by \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

### Child's History (These questions are of great value in aiding us to better understand your child.)

1. Is your child in good health? \_\_\_\_\_

2. Is your child mentally alert? \_\_\_\_\_

3. Does your child have any history of heart trouble, allergies, cerebral palsy or infectious diseases? \_\_\_\_\_

4. Has your child had favorable reactions to previous dental or medical care? \_\_\_\_\_

Child's Physician \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Referred by \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_