Dr. med. dent. Michael Hänggi, Specialist in Orthodontics (Switzerland), Member of SSO, SGK *www.praxishaenggi.ch*

Orthodontic questionnaire for children / parents

Last Name (Child): ..... First Name (Child): .....

Date of birth: ..... Gender: ☐ female ☐ male

Mother: ..... Father: .....

Street, Nr: ..... Zip code, City: .....

Phone at home: ..... Mobile: .....

E-Mail: .....

Billing address: ☐ as above ☐ other: .....

General Dentist: ..... Office in: .....

Referral by: ☐ yourself ☐ general dentist ☐ recommendation: .....

Do you have dental insurance covering orthodontics? ☐ No ☐ Yes, ...

Will you request financial aid for the treatment costs? ☐ No ☐ Yes, ...

Reason for seeking consultation

☐ assessment of treatment need: .....

☐ position of jaw / malocclusion: .....

☐ other: .....

Please be advised that a definitive treatment plan and cost cannot be made at the first consultation. Changes can result after additional information has been obtained (model, radiographs) and will be discussed during a later appointment.

General and dental health history

Has your child had a serious illness? ☐ No ☐ Yes, ...

Was your child recently ill or under medical treatment? ☐ No ☐ Yes, ...

Does your child take medication? ☐ No ☐ Yes, ...

Any known allergies (medication, latex, or injections)? ☐ No ☐ Yes, ...

Have there been any accidents or operations to the head? ☐ No ☐ Yes, ...

Does your child have jaw problems (joint pain)? ☐ No ☐ Yes, ...

Does your child mostly breathe through the mouth? ☐ No ☐ Yes, ...

Does your child have problems with the tonsils? ☐ No ☐ Yes, ...

Did your child suck his/her thumb or pacifier? ☐ No ☐ Yes, he/she quit ..... years ago ☐ Yes, at present

Does your child have a speech defect? Speech therapy? ☐ No ☐ Yes, ...

Does your child snore? ☐ No ☐ Yes, ...

Has your child had any tooth extractions? ☐ No ☐ Yes, ...

Has your child had previous orthodontic treatment? ☐ No ☐ Yes, ...

Do bite or teeth malpositioning exist in your family? ☐ No ☐ Yes, ...

Other comments: .....

Your child's cooperation during treatment

Does the wish for treatment also come from your child? ☐ strongly ☐ so-so ☐ not really

How well will your child cooperate during treatment? ☐ conscientiously ☐ so-so ☐ rather unwillingly
(e.g. thorough cleaning of the teeth and wearing removable appliances)

I hereby agree to the forwarding of my data to the appropriate institutions for the purpose of billing and collection or for communication with referring doctor's, insurances or other institutions.

Date: ..... Signature: .....