



## Cook & Mess Orthodontics

Victor J. Cook, Jr., DDS, MS  
Joseph M. Mess, DDS, MS  
*Specialists in Orthodontics*

### Adult General Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Nickname \_\_\_\_\_ Sex  Male  Female  
 Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
 Residence Address \_\_\_\_\_ Email Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Residence Phone (      ) \_\_\_\_\_ Cell Phone (      ) \_\_\_\_\_  
 Employed by \_\_\_\_\_  
 Occupation \_\_\_\_\_ Business Phone (      ) \_\_\_\_\_  
 Do you have insurance coverage for orthodontics? Y / N Dental Insurance Co. \_\_\_\_\_  
 Social Security/I.D. Number \_\_\_\_\_  
 Husband/wife's Full Name \_\_\_\_\_  
 Employed by \_\_\_\_\_  
 Occupation \_\_\_\_\_ Business Phone (      ) \_\_\_\_\_  
 Do you have insurance coverage for orthodontics? Y / N Dental Insurance Co. \_\_\_\_\_  
 Social Security/I.D. Number \_\_\_\_\_ Birthdate \_\_\_\_\_

### History

1. Are you in good health? \_\_\_\_\_
2. Do you have any history of heart trouble, allergies, cerebral palsy or infectious diseases? \_\_\_\_\_  
\_\_\_\_\_
3. Have you had any unusual illness or accident that may have been a factor in causing your present dental condition?  
\_\_\_\_\_

Physician \_\_\_\_\_  
 Dentist \_\_\_\_\_  
 Who may we thank for referring you? \_\_\_\_\_  
 Date \_\_\_\_\_ Signature \_\_\_\_\_