

Please have the patient fill this out.
Thanks

Welcome!

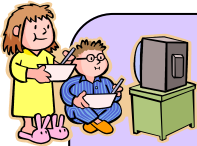
From all of us at Jackson Orthodontics
We would like to get to know you better so we can be friends.
Won't you please tell us about yourself?

Name: _____
What do your friends call you? _____
When is your birthday? _____
Do you have any brothers or sisters? _____
If you do, what are their names? _____
My friend, _____, comes here too!



My pet is a : _____
Its name is: _____

What school do you go to? _____
What grade are you in? _____



What is your favorite TV show? _____
What is your favorite book? _____



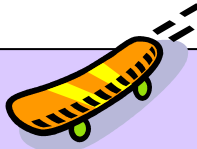
What is your favorite candy? _____



My favorite things to do after school and on the weekends are:



Who is your HERO and why?



Do you like sports?
yes or no

Do you play sports?
yes or no

If so, which ones?



Do you play a musical instrument? Which one?

