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QUALITY ORTHODONTICS THAT WILL MAKE YOU SMILE

New Patient Welcome Questionnaire

Child Name _____

We strive to develop a well-rounded relationship with each of our patients. In order for us to get to know you better, please help us by providing the answers to the questions below:

Do you have a preferred name (nickname) you would like us to use? _____

What school do you attend? _____

What subjects do you enjoy most in school? _____

Do you have any pets? If so, what kind? Tell us about your pets. _____

Are you originally from this area? _____

What kind of music do you like and who are your favorite performers or groups? _____

What type of books or movies do you like? _____

What type of sports do you like to play? _____

What are your hobbies? _____

What type of things do you like to collect? _____

What else do you like to do with your spare time? _____

Do you play a musical instrument? If so, what type? _____

Please list the names of any of your friends or relatives who come to our office:

Adult Name _____

Please tell us what name you would prefer to be addressed by: _____

Are you originally from this area? _____

What is your occupation? _____

Do you have any special interest, charities, board affiliations? _____

What type of books or movies do you enjoy? _____

Do you enjoy sports, and if so what type? _____

Do you have any pets? If so, what kind? _____

Thank You!