

Help us get to know you!

- Patient name: _____ Date: _____
- Do you go by a nickname? If so, what is it?
- What do you like to do when you are not in school?
- What extracurricular activities do you like? (sports, theater, student council etc)
- Who is your favorite sports team?
- What's your favorite sport to watch?
- What's your favorite sport to play
- If you have pets, what kind are they and what are their names?
- What are your favorite foods or places to eat?
- If there are other children in your family, what are their names and ages?
- Have you chosen a college or a potential career? If so, would you share it with us?
- What else should we know about you?

Changing Lives One Smile At A Time!

Cooper-Chockley Orthodontics