

DATE: \ \ \

PATIENT INFORMATION

PATIENT IS AN: ADULT CHILD ADULT UNDER GUARDIANSHIP NAME OF GUARDIAN: _____

Name _____ (last) _____ (first) _____ (initial) Nickname _____ Mrs. Ms Mr.

Home Address _____ (street) _____ (city) _____ (prov.) _____ (postal code)

Home Phone () _____ Cellular Phone () _____ Fax # () _____

Date of Birth: \ \ \ Age: _____ Sex: _____ Marital Status: _____

Driver's License # _____ email: _____

Family Physician: _____ Phone: () _____

Medical Specialist (if presently under care) _____ Phone: () _____

OCCUPATION: _____

Employed By: _____ Phone () _____ Ext. _____

Spouse Employed By: _____ Phone () _____ Ext. _____

DENTAL INSURANCE Yes No Group Policy # _____ Certif. # _____

Primary Insurance Co. Name: _____ Yr. End _____

Coverage: Basic	%	Prosthetics	%	Crown/Bridge	%	Ortho	%	Perio Scaling	%
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Secondary Ins Co Name _____ Group Pol # _____ Certif.# _____ Yr. End _____

Coverage: Basic	%	Prosthetics	%	Crown/Bridge	%	Ortho	%	Perio Scaling	%
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PERSON RESPONSIBLE FOR ACCOUNT Self Other → Name: _____

Address _____

Home Phone () _____ Business Phone () _____

IN CASE OF EMERGENCY Please Notify _____ Relationship _____

Home Phone: () _____ Business Phone: () _____ Ext. _____

Is any other member of your family or relative a patient at our office? _____

REASON FOR TODAY'S VISIT Examination Emergency Other _____

Who may we thank for referring you to our office? _____

MEDICAL HISTORY	PLEASE CHECK YES OR NO. IF NOT SURE, CHECK NS.	NO	NS	YES	
Are you presently under Doctor's care? Why?					
Have you been under Doctor's care in the past two years? Why?					
Have you taken any medications, pills or drugs in the past two years?					
Are you presently taking any medications, pills or drugs?					⇒ If YES, list them here:
Are you presently taking any Natural Supplements? e.g., Vitamins or Herbs					⇒
Have you ever had Tonsillitis?					
Have you been hospitalized in the past two years? (If yes, why?)					
Have you had any type of surgery? What & When?					
When was your last complete physical examination?					
When walking, do you ever have to stop because of pain in your chest or shortness of breath?					
Are you on a prescription diet?					
Have you ever been diagnosed as having a tumor or cancer?					
Have you ever taken cortisone/steroid medication?					
Do you experience problems with healing?					
Do you wish to speak privately with the Doctor about any problem?					
Do you smoke? (If yes, how much?)					
Are you currently in good health?					
Do you bruise easily or bleed excessively?					
Have you ever been warned about anaesthetic risks?					

