

Welcome to



Confidential Patient Information

Today's Date:(D/M/Y) _____

Patient Name: _____

□ Male □ Female □ Married □ Single □ Child □ Other

Birth Date: (DAY / MONTH / YEAR) _____

Name of Spouse _____ Names of Children _____

Phone (Home): _____ (Work): _____ Ext: _____ (Mobile): _____

E-mail: _____

How would you prefer to be contacted? □ Phone □ Text Message □ E-mail

Address: _____ Street _____ Apartment # _____ City _____ Province _____ Postal Code _____

Health Information

Name of Previous Dentist: _____ Date of Last Dental Visit: _____ Reason for this visit: _____

Have you ever had any of the following? Please check those that apply:

- AIDS / HIV □ Hay Fever □ Pregnancy □ Penicillin Allergy
□ Allergies □ Head Injuries □ Due date: □ Latex Allergy
□ Anemia □ Heart Disease □ Radiation Treatment □ Please list your Medications:
□ Arthritis □ Heart Murmur □ Respiratory Problems
□ Artificial Joints □ Mitral Valve Prolapse □ Rheumatic Fever
□ Asthma □ Migraine Headaches □ Rheumatism
□ Blood Disease □ Hepatitis □ Sinus Problems
□ Cancer □ High Blood Pressure □ Smoking
□ Diabetes □ Jaundice □ Stomach Problems
□ Dizziness □ Joint Replacement □ Stroke
□ Epilepsy □ Kidney Disease □ Thyroid Condition
□ Excessive Bleeding □ Liver Disease □ Tuberculosis
□ Fainting □ Mental Disorders □ Tumors
□ Glaucoma □ Nervous Disorders □ Ulcers
□ Growths □ Pacemaker □ Venereal Disease
□ Codeine Allergy

- Have you ever had any complications following dental treatment? □ No □ Yes, please explain:
• Have been to a hospital or needed emergency care during the past two years? □ No □ Yes, please explain:
• Are you now under the care of a physician? □ No □ Yes, please explain:
• Name of Physician: Phone:
• Do you have any health problems that need further clarification? :

Is there anything else you would like to add to help us make your visits more comfortable?

Referral Information

Whom may we thank for referring you to our practice? □ Another patient,
□ Shopping in Plaza □ Yellow Pages □ Recipe Card □ Road Sign □ Newspaper □ Other:

(Please fill out both sides)