NAME:

ADDRESS:

POSTAL CODE:

PHONE: Home Cell

Business

Email

DATE OF BIRTH: M D Y

PLACE OF EMPLOYMENT: OCCUPATION:

SPOUSE OR PARENTS' NAME (if under 19):

SPOUSE EMPLOYED BY:

WHO CAN WE THANK FOR REFERRING YOU TO OUR OFFICE?:

EMERG. CONTACT NAME PH:

DENTAL INSURANCE

INS. CO. NAME

SUBSCRIBER: BIRTH DATE:

EMPLOYER OF ABOVE:

GROUP NO.: DIV. NO.:

ID NO.:

DENTAL HISTORY

PREVIOUS DENTIST:

DATE LAST SEEN:

REASON FOR CHANGE:

ARE YOU COMFORTABLE WITH DENTISTRY?: Uncomfortable 0 1 2 3 4 5 6 7 8 9 10 Comfortable

IF UNCOMFORTABLE, WHY?:

HOW DO YOU RATE YOUR SMILE?:

ANY IMMEDIATE DENTAL CONCERNS?:

MSP NUMBER:

MEDICAL HISTORY

PHYSICIAN: LAST SEEN:

ANY CURRENT MEDICAL PROBLEMS?:

HAVE YOU EVER BEEN HOSPITALIZED?:

REASON:

ARE YOU TAKING ANY MEDICATION, INCLUDING VITAMINS & HERBS?

PLEASE LIST - TAKING FOR:

TAKING FOR:

TAKING FOR:

TAKING FOR:

ANY ALLERGIES? PLEASE LIST:

HAVE YOU EVER HAD?

Rheumatic Fever	Yes	No	Cancer	Yes	No
Heart Condition / Murmur	Yes	No	Hepatitis	Yes	No
Respiratory Disease	Yes	No	High Blood Pressure	Yes	No
Epilepsy	Yes	No	Diabetes	Yes	No
Bleeding Problem / Blood Thinners	Yes	No	Nervous or Mental Disorder	Yes	No
Reaction to Dental Anaesthetic	Yes	No	Thyroid	Yes	No
HIV Positive	Yes	No	Artificial Joints or Dental Implants	Yes	No
Do you Smoke / Tobacco products	Yes	No	Liver / Kidney Condition	Yes	No
# of Years _____ How many per day?_____			Are you Pregnant?	Yes	No

Is there anything else your dentist should be aware of? Yes No

MEDICAL UPDATE:

I, the undersigned (patient or legally responsible party), authorize dental treatment to be rendered by the Dentist and his Staff, and assume financial responsibility. I also authorize the release of information contained in pre-authorizations and claims submitted electronically and otherwise, and the release of information pertaining to my dental coverage and benefits. The authorization shall continue in effect until the undersigned revokes the same.

Signature: _____ Date: _____

MEDICAL HISTORY UPDATE		EXISTING RESTORATIONS	
		11	21
		12	22
		13	23
		14	24
		15	25
		16	26
		17	27
		18	28
		48	38
		47	37
		46	36
		45	35
		44	34
		43	33
		42	32
		41	31
		ORAL PATH:	