

# 14<sup>th</sup> AVENUE DENTISTRY



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## PATIENT INFORMATION

*Welcome to our office! To assist us in serving you, please complete the following confidential form.  
The information provided is important to your dental health.*

Patient's name _____	Preferred name _____	Birth date _____
If minor, parents names _____		
Home phone _____	Work phone _____	E-mail _____
Best Method of Contact _____		
Mailing address _____	City _____	Postal Code _____
Employer _____	Occupation _____	
Emergency Contact Name _____	Contact Phone Number _____	
Medical Doctor Name _____	Medical Doctor Phone Number _____	
How did you hear about our office (i.e. another patient, Internet, advertisement, etc)? _____		
<b>BILLING, CREDIT, AND INSURANCE INFORMATION:</b> <input type="checkbox"/> Not covered by dental insurance		
Dental Insurance Company _____	Group/Policy number _____	ID/Social Insurance Number _____
Covered by spouse's insurance? <input type="checkbox"/> yes <input type="checkbox"/> no		
Spouse's dental insurance company _____	Group number _____	
Spouse's birthday _____	ID/Social Insurance Number _____	

## MEDICAL HEALTH HISTORY

Do you have or have you had any of the following?  
(Please check any that apply)

- Cancer or tumor
- Heart ailment or angina
- Heart murmur, mitral valve prolapse, heart defect
- Rheumatic fever or rheumatic heart disease
- Artificial joint or valve
- High or low blood pressure
- Pacemaker
- Tuberculosis or other lung problems
- Kidney disease
- Hepatitis or other liver disease
- Alcoholism
- Blood transfusion
- Diabetes
- Neurologic condition
- Epilepsy, seizures, or fainting spells
- Emotional condition
- Arthritis
- Herpes or cold sores
- AIDS or HIV positive
- Migraine headaches or frequent headaches
- Anemia or blood disorders
- Abnormal bleeding after extractions, surgery, or trauma
- Hayfever or sinus trouble
- Allergies or hives
- Asthma

Do you smoke or use chewing tobacco?     yes     no

Are you allergic to, or have you reacted adversely to any of the following?

- Latex materials
- Penicillin or other antibiotics
- Local anesthetics ("Novocain")
- Codeine or other narcotics
- Sulfa drugs
- Barbiturates, sedatives, or sleeping pills
- Aspirin
- Other: \_\_\_\_\_

Are you taking any of the following?

- Aspirin
- Anticoagulants (blood thinners)
- Antibiotics or sulfa drugs
- High blood pressure medicine
- Antidepressants or tranquilizers
- Insulin, Orinase, or other diabetes drug
- Nitroglycerin
- Cortisone or other steroids
- Osteoporosis (bone density) medicine
- Other: \_\_\_\_\_

Women:

- May be pregnant  
Expected delivery date: \_\_\_\_\_
- Taking hormones or contraceptives

Do you have any disease, condition, or problem not listed above? \_\_\_\_\_

## DENTAL HEALTH HISTORY

Have you had a complete dental examination with a full series of dental x-rays within the past 3 years?  yes  no

What was the date of your last dental visit? \_\_\_\_\_ What was done? \_\_\_\_\_

Have you had any extractions?  yes  no If yes, did you experience prolonged bleeding after?  yes  no

Have you ever undergone any of the following dental treatments?

- Endodontics (Root Canal)
- Orthodontics (Braces)
- Fixed Prosthodontics (Crowns/Caps or Bridges)
- Removable Prosthodontics (Full or Partial Dentures)
- Periodontics (Gum Surgery)

Are you aware of bad breath or a bad taste in your mouth?  yes  no

Have you ever had a bad experience at the dentist?  yes  no If yes, please explain (optional): \_\_\_\_\_

What is your present dental concern we may help with? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## PATIENT CERTIFICATION AND CONSENT

I, \_\_\_\_\_ (print name), certify that all the above medical and dental information is true to the best of my knowledge and I have not omitted any pertinent information. I consent to the performing of dental and oral surgery agreed to be necessary or advisable, including the use of local anaesthetic as indicated. I will assume responsibility for fees associated with these procedures.

Patient (Parent/Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for taking time out to complete this form.**

**Welcome to 14<sup>th</sup> Avenue Dentistry!**