

Please indicate: _

			First Name:Last Name:				E-mail:Employer:			
Prefers: Occupation: Occupation: In case of em					ion:					
) M	int Dental.ca	Date of Birth: DayMonthYear				In case of emergency, please notify: Phone			
	2609 9	Healthy ~ Beautiful ~ Fresh—— St. John's Street, Port Moody, BC V3H 2B6								
		,,				D-	C			
						Re	ferred	by: Friend		
			Province:		Postal Code:	- 1		☐ Newspaper		
			Home Phone:					☐ Flyer		
			Cell Phone:					·		
		LUCTORY	Business Phone:					☐ Walk-in		
MED	ICAL	. HISTORY						☐ Other		
1. My l	last m	edical examination was on	(approximat	:e)						
2. Are	you u	nder the care of a physiciar	າ?		□YES □NO					
3. Nan	ne of F	Physician:		Add	lress:					
4. Hav	e you	been hospitalized within the	he last 5 year	s? 🗆	YES □NO If yes, please ex	plain w	/hy:			
	-	·	•		or non-prescription? Please lis	•				
	•	Purpose			·			Purpose:		
						Purpose: Purpose:				
Dru	y ·	ruipose	÷					ruipose.		
6. Hav	e you	been told that you require	antibiotic pr	ophy	laxis before dental visits?			S □NO		
7. Indi	cate v	بر vhich of the following you	presently hav	e or	ever had:					
YES	NO		YES	NO		YES	NO			
		Infectious Diseases			Rheumatic fever			Bowel disease		
		A.I.D.S./+ve HIV test			Pacemaker			Liver disease		
		Hepatitis A			High/low blood pressure			Kidney/bladder disease		
		Hepatitis B			Angina			Frequent vomiting		
		Hepatitis C	П		Swollen ankles			Follow a special diet		
		Tuberculosis			Stroke			Loss/gain 10lbs or more/yr.		
		Musculoskeletal Condition			Hematological Disorders			Loss, gain Tolos of More, yi.		
		Arthritis	<u> </u>		Hemophilia			Other Conditions		
		Artificial joints	П		Leukemia	П	П	Smoker Smoker		
					Leukeiiia					
		•			Anomia			History drug /alcohol abusa		
		Osteoporosis			Anemia			, , , , , , , , , , , , , , , , , , , ,		
		Osteoporosis Neural Disorders			Blood transfusion			Organ transplant		
		Osteoporosis Neural Disorders Epilepsy of seizures			Blood transfusion Bruise easily			Organ transplant Cancer or tumour		
		Osteoporosis Neural Disorders Epilepsy of seizures Severe headaches			Blood transfusion Bruise easily Prolonged bleeding			Organ transplant		
		Osteoporosis Neural Disorders Epilepsy of seizures Severe headaches Fainting			Blood transfusion Bruise easily Prolonged bleeding Respiratory Diseases			Organ transplant Cancer or tumour Other		
		Osteoporosis Neural Disorders Epilepsy of seizures Severe headaches Fainting Dizzy spells			Blood transfusion Bruise easily Prolonged bleeding Respiratory Diseases Asthma			Organ transplant Cancer or tumour Other Sensitivities/Allergies		
		Osteoporosis Neural Disorders Epilepsy of seizures Severe headaches Fainting Dizzy spells Nervousness			Blood transfusion Bruise easily Prolonged bleeding Respiratory Diseases Asthma Bronchitis			Organ transplant Cancer or tumour Other Sensitivities/Allergies Penicillin allergy		
		Osteoporosis Neural Disorders Epilepsy of seizures Severe headaches Fainting Dizzy spells Nervousness Eating disorder			Blood transfusion Bruise easily Prolonged bleeding Respiratory Diseases Asthma Bronchitis Emphysema			Organ transplant Cancer or tumour Other Sensitivities/Allergies Penicillin allergy Allergy to other medications		
		Osteoporosis Neural Disorders Epilepsy of seizures Severe headaches Fainting Dizzy spells Nervousness Eating disorder Endocrine Disorders			Blood transfusion Bruise easily Prolonged bleeding Respiratory Diseases Asthma Bronchitis Emphysema Pneumonia			Organ transplant Cancer or tumour Other Sensitivities/Allergies Penicillin allergy Allergy to other medications Local Anesthetic		
		Osteoporosis Neural Disorders Epilepsy of seizures Severe headaches Fainting Dizzy spells Nervousness Eating disorder Endocrine Disorders Diabetes			Blood transfusion Bruise easily Prolonged bleeding Respiratory Diseases Asthma Bronchitis Emphysema Pneumonia Sinus problems			Organ transplant Cancer or tumour Other Sensitivities/Allergies Penicillin allergy Allergy to other medications Local Anesthetic Food		
		Osteoporosis Neural Disorders Epilepsy of seizures Severe headaches Fainting Dizzy spells Nervousness Eating disorder Endocrine Disorders Diabetes Thyroid disease			Blood transfusion Bruise easily Prolonged bleeding Respiratory Diseases Asthma Bronchitis Emphysema Pneumonia Sinus problems Chronic cough			Organ transplant Cancer or tumour Other Sensitivities/Allergies Penicillin allergy Allergy to other medications Local Anesthetic Food Metal		
		Osteoporosis Neural Disorders Epilepsy of seizures Severe headaches Fainting Dizzy spells Nervousness Eating disorder Endocrine Disorders Diabetes Thyroid disease Cortisone/steroid therapy			Blood transfusion Bruise easily Prolonged bleeding Respiratory Diseases Asthma Bronchitis Emphysema Pneumonia Sinus problems Chronic cough Shortness of breath			Organ transplant Cancer or tumour Other Sensitivities/Allergies Penicillin allergy Allergy to other medications Local Anesthetic Food Metal Latex		
		Osteoporosis Neural Disorders Epilepsy of seizures Severe headaches Fainting Dizzy spells Nervousness Eating disorder Endocrine Disorders Diabetes Thyroid disease Cortisone/steroid therapy Cardiovascular Diseases			Blood transfusion Bruise easily Prolonged bleeding Respiratory Diseases Asthma Bronchitis Emphysema Pneumonia Sinus problems Chronic cough Shortness of breath Gastrointestinal Disorders			Organ transplant Cancer or tumour Other Sensitivities/Allergies Penicillin allergy Allergy to other medications Local Anesthetic Food Metal Latex Other		
		Osteoporosis Neural Disorders Epilepsy of seizures Severe headaches Fainting Dizzy spells Nervousness Eating disorder Endocrine Disorders Diabetes Thyroid disease Cortisone/steroid therapy Cardiovascular Diseases Heart attack			Blood transfusion Bruise easily Prolonged bleeding Respiratory Diseases Asthma Bronchitis Emphysema Pneumonia Sinus problems Chronic cough Shortness of breath Gastrointestinal Disorders Reflux esophagitis			Organ transplant Cancer or tumour Other Sensitivities/Allergies Penicillin allergy Allergy to other medications Local Anesthetic Food Metal Latex Other If Yes to any of the above, does		
		Osteoporosis Neural Disorders Epilepsy of seizures Severe headaches Fainting Dizzy spells Nervousness Eating disorder Endocrine Disorders Diabetes Thyroid disease Cortisone/steroid therapy Cardiovascular Diseases Heart attack Heart failure			Blood transfusion Bruise easily Prolonged bleeding Respiratory Diseases Asthma Bronchitis Emphysema Pneumonia Sinus problems Chronic cough Shortness of breath Gastrointestinal Disorders Reflux esophagitis Ulcer			Organ transplant Cancer or tumour Other Sensitivities/Allergies Penicillin allergy Allergy to other medications Local Anesthetic Food Metal Latex Other If Yes to any of the above, does it result in swelling, shortness		
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DENTAL HISTORY

1. Have you had a dental exam in the last year? Last Visit?										
2. W	hen was your last den	tal x-rays?								
3. D	o you have any oral ha	bits such a	s grinding your	teeth, cler	nching or nail biting?					
4. D	o you have/use a nigh	t guard?								
5. H	ow often do you brush	your teeth	1?		/day Floss you teeth?		/week			
6. D	o any of your teeth hu	rt? Broxen?	Sensitive?							
7. D	o your gums bleed wh	ile you bru	sh?							
8.Do	you have pain when	you chew?								
9. D	o you have bad breath	?								
10.\	What concerns do you	have?								
11. H	How can we help to im	prove you	smile?							
12.\	Which one of the follow	wing would	l like to know m	ore about	:					
	Botox & Fillers		Implants		Whitening		Smile Makeover			
	Invisalign		Veneers		Sedation Dentistry		Children's Dentistry			
adin estir how poss	ninstrator, the corresponates are subject to chares are subject to chares are not resp	onding fee nange due onsible for as exists for	e to my health ca s. I acknowledge to unforeseen tr my plan and ma each treatment	are to Mine that any reatment. ay not kno	t Dental. I authorize the re fees not paid by my insur I am aware that Mint Dent ow my information due to	elease, to ance con tal will bi the priva	nd medical information, incl my insuring company plan npany are my responsibility a Il my insurance as a courtesy acy act of B.C. I understand the or appointment change ot	and ; nat a		
Date	<u>a•</u>				Siganture: X					

