



MEDICAL HISTORY

New Patient Form

First Name: Last Name: Initial:

Address: Postal Code:

DOB: Gender: Male Female

Phone: Email:

Emergency Contact Name/Number:

Relationship to Patient: Dental Insurance: YES NO

Insurance Company Name:

Policy holder Name:

Policy Holder DOB: Policy/ Group Number:

ID Number:

Secondary Insurance Company

Insurance Company Name: Policy holder Name:

Policy Holder DOB: Policy/ Group Number:

ID Number:

Patient Dental History

Date of your last Dental Visit? Name of your Dentist:

How often do you brush your teeth? 2x day once per day occasional never

How often do you floss your teeth? daily sometimes rarely never

Do you use mouth wash? YES NO

Do you use a fluoride rinse? YES NO

Any pain when you chew? YES NO

Any trauma to your jaw or mouth? YES NO

Does dental treatment make you nervous? YES NO

Have you been advised to take antibiotics prior to dental treatment? YES NO



MEDICAL HISTORY

Medical History

Do you have allergies? YES NO

List all medications:

Repair/Replacement of Heart Valve? YES NO Heart Transplant? YES NO

Asthma: YES NO Diabetes? N/A TYPE 1 TYPE 2

Recent Hospitalizations (specify below): Yes NO

Check Any That Apply:

- Arthritis
- Angina
- Alzheimer's
- Anemia
- Artificial Joint
- Cancer
- Cold sores
- Dementia
- Diabetes
- Heart Attack
- Heart Disease
- High Blood Pressure
- Heart Murmur
- Hepatitis
- Kidney Disease
- Liver Disease
- Low Blood Pressure
- Migraines
- Stroke
- Steroid Therapy
- Shortness of Breath
- Thyroid Disorder

My Mobile Dental Hygienist Inc. collects your health information including registration, diagnostic, treatment and care information under the legal authority of sections 18-22 of the Health Information Act (HIA) for the purposes of providing you with health care services (Dental hygiene, oral cancer screenings, and exams). My Mobile Dental Hygienist Inc. will only use and disclose your health information for the purpose as authorized under the HIA. If you have any questions on the collection, use and disclosure of your health information please contact Kristy Gerber's (My Mobile Dental Hygienist Inc.) privacy officer at 403-988-1691 or email kgerber@mmdh.ca.

I will provide My Mobile Dental Hygienist Inc. with insurance details if I would like them to submit to my dental carrier on my behalf. I understand that I am personally responsible for payment of all remaining balances of dental services rendered. I authorize the dental staff of My Mobile Dental Hygienist Inc. to perform such dental services as may be necessary and authorize the release of records to any referring or treating dentist, physician, medical facility or insurance company for legal documentation.

I have read the above conditions of treatment and agree with their content.

Name (print): Date:

Signature: