

# mimico dental hygiene

211 royal york road, etobicoke, on m8v2v5  
(p) 416.792.9000 (fax) 416.792.9005

## medical history

[patricia@mimicodentalhygiene.ca](mailto:patricia@mimicodentalhygiene.ca)

medical alerts: \_\_\_\_\_

### personal information

name: \_\_\_\_\_ birthdate: (d/m/y) \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ postal code: \_\_\_\_\_

home#: \_\_\_\_\_ work#: \_\_\_\_\_ ext: \_\_\_\_\_ cel#: \_\_\_\_\_

email: \_\_\_\_\_

occupation: \_\_\_\_\_ employer: \_\_\_\_\_  student  retired

emergency contact name: \_\_\_\_\_ #: \_\_\_\_\_

family doctor: \_\_\_\_\_ #or/address \_\_\_\_\_

how did you hear about our office? \_\_\_\_\_

### insurance information

#### primary insurance

insurance company: \_\_\_\_\_ employer: \_\_\_\_\_

plan/group #: \_\_\_\_\_ certificate/i.d.# \_\_\_\_\_

plan holders name: \_\_\_\_\_ birthdate (d/m/y): \_\_\_\_\_

relationship to client: self/spouse/child/common law (circle)

#### secondary insurance (if applicable)

insurance company: \_\_\_\_\_ employer: \_\_\_\_\_

plan/group #: \_\_\_\_\_ certificate/i.d.# \_\_\_\_\_

plan holders name: \_\_\_\_\_ birthdate (d/m/y): \_\_\_\_\_

relationship to client: self/spouse/child/common law (circle)

### health history

are you in good health? \_\_\_\_\_

date of last physical examination \_\_\_\_\_

have you been hospitalized or had a serious illness or operation?

do you smoke?  yes  no if yes, how many per day? \_\_\_\_\_ years smoked? \_\_\_\_\_

do you consume alcohol?  if yes, how many drinks per day? \_\_\_\_\_/week \_\_\_\_\_

### medications

are you taking any prescription medications, vitamins or herbal remedies?

\_\_\_\_\_ yes \_\_\_\_\_ no. please list: \_\_\_\_\_

are you taking any recreational drugs? \_\_\_\_\_

are you allergic to any medications, foods,drugs,metals, latex? \_\_\_\_\_

have you experienced an unusual reaction or allergy to penicillin, aspirin, sulpha drugs, codeine, cortisone (steroids), local anaesthetics, barbiturates (sleeping pills), tranquillizers or other medications, food, dental latex? \_\_\_\_\_ yes \_\_\_\_\_ no  
do you have a drug/alcohol dependency? \_\_\_\_\_ yes \_\_\_\_\_ no

### conditions (please check all that apply)

	angina		diabetes type I/type II
	arthritis/rheumatism		hepatitis A/B/C
	artificial joint		STD's HIV/AIDS
	asthma		thyroid/ kidney or liver disease
	anemia		organ transplant
	anxiety		autoimmune disease
	cancer type? when?		tuberculosis
	chemotherapy/radiation		blood disorders
	depression		epilepsy

### heart conditions (please check all that apply)

	angina		high/low blood pressure
	artificial heart valves, when?		history of bacterial endocarditis, when?
	heart attack? when?		pacemaker, when?
	heart murmur		stroke, when?
	heart surgery, type, when?		organ transplant, when?
	heart transplant, when?		

### women/ pregnancy/menopause (please check all that apply)

	are you pregnant?		are you nursing?
	are you taking birth control?		are you taking hormone replacement?

## dental history

date of last dental/dental hygiene visit: \_\_\_\_\_

what dental conditions concern you at the present time? \_\_\_\_\_

what care did you receive at the last dental visit? \_\_\_\_\_

how often do you receive dental treatment or dental hygiene care? \_\_\_\_\_

are you under the care of a dental specialist? (i.e., orthodontist, endodontist, prosthodontist, periodontist) please circle

have you had a thorough examination of your mouth including a complete set of radiographs of your jaw and teeth \_\_\_\_\_ yes \_\_\_\_\_ no when? \_\_\_\_\_

do you need a referral to a dentist? \_\_\_\_\_ yes \_\_\_\_\_ no

## current oral condition

how often do you brush? x's per day		how often do you floss x's per week	
electric or manual toothbrush?		mouth rinse? (scope/listerine)	
toothpaste crest, colgate, sensodyne, tom's, doterra		aids: sulcabrush, tongue cleaner, soft pick, interdental cleaner	

do you have or have you experienced any of the following?

sensitivity to hot or cold		history of periodontal disease
dry mouth		recession (receding gums)
bad breath		sore jaw (clicking/popping)
bleeding gums		scaling/root planing
grinding/clenching teeth		calculus, tartar build up
dental implants/ crowns/bridges		orthodontics (braces)
complete or partial dentures		periodontal surgery (gums)
history of cavities		gum tissue grafting
sleep apnea		jaw surgery

### Acknowledgement

This information is accurate to the best of my knowledge. I grant permission to the health care providers at Mimico Dental Hygiene to acquire clarification or any further information for my care and safety. I understand that providing incorrect information can be dangerous to my health. It is my responsibility to inform the office of any change in my health or medical status.

I am responsible for any fees in conjunction with treatment in the office. I am responsible for understanding the benefits and limitations of any dental insurance assistance that I have. I am aware that the staff at Mimico Dental Hygiene are willing to help me with any questions I may have of my insurance provider, but ultimately, my coverage is my responsibility. Payment is due at time of service.

My appointment time has been specifically reserved for me. If I am unable to keep an appointment I have made, I will provide the office with two business days' notice. I understand that repeatedly cancelling appointments last minute may result in a cancellation fee.

Dental Examination Policy: it is recommended that clients have an annual visit with a dentist who may prescribe x-rays to diagnose cavities or dental disease. With your written consent a copy can be forwarded to our office.

Finally, I am aware that the office follows the law as established by PIPEDA (Personal Information Protection and Electronic Documents Act). Protecting your personal information is mandatory and important to us. Mimico Dental Hygiene will collect only that information necessary to provide you with appropriate care. We will only share your information with your consent, and the storage, retention, and destruction of your information will comply with Canadian government legislation. Further detail about our privacy policy is outlined in our Privacy Code which is available to our patients any time.

I have been offered the opportunity to ask questions and feel comfortable with information I have been given.

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Signature (Client/Parent/Guardian)

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Date

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Signature (Staff)

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Date