

mimico dental hygiene

211royal york road, etobicoke, on m8v2v5
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medical history

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.

Signature (Client/Parent/Guardian)

Date

Signature (Staff)

Date