NEPEAN Dental Centre

NEW PATIENT FORM

PERSONAL INFORMATION (please print)

Patient Name: _____

Date of Birth: (Day)_____ (Month) _____ (Year) _____

Address _____ City _____

Postal Code _____

Contact Information (H)_____ (C)_____ (W)_____

Email _____

Emergency Contact Name: _____ Number: _____

Medical Information

Name of Doctor: _____
Date of last Physical Exam: _____
Do you smoke? How much per day? _____
Any allergies to any medications? _____ Please List _____
Do you have latex allergies? _____
Do you use Blood Thinners or Aspirin? _____
Are you pregnant? _____
Are you under doctor's care for a medical condition? _____

Please check if you had or now have any of the following:

__Chest Pain
__Heart Attack
__Difficulty Breathing
__Stroke
__Prosthetic Valve
__Cancer
__Mitral Valve Prolapse
__Low Blood Pressure
__High Blood Pressure
__Arteriosclerosis
__Anemia
__HIV (or related)
__Asthma
__Joint Replacement
__Kidney Trouble
__Diabetes
__Lung Trouble
__Heart Murmur
__Pacemaker
__Rheumatic Fever
__Chromic Fatigue
__Hearing Problems
__Eating Disorder
__Hepatitis
__Liver Trouble
__Hay Fever/Allergies
__Ulcers
__Seizures /Epilepsy
__Arthritis
__Thyroid Problems
__Pneumonia
__Tumor
__Head Injury
__Sinus Problems
__Nervous Disorder
__Anxiety

List of Prescribed Medications:

_____ _____

_____ _____

_____ _____

_____ _____

Name and Location of Pharmacy:

_____

Dental:

Name of Previous/current Dental Provider: _____
Date of last Dental Appointment: _____
Date of last x-rays: _____
Do your gums bleed when brushing or flossing? _____
Do you hear popping, clicking noises when you chew? _____
Are you experiencing pain? ____ If yes please describe_____

_____
Do you have concerns regarding the appearance of your teeth or smile? _____

Insurance Information

Primary policy holder _____
Insurance Company_____
Policy Number# _____
Certificate Number _____

Secondary policy holder _____
Insurance company _____
Policy Number _____
Certificate Number _____

OFFICE POLICY: We require at least 48 hours' notice to cancel or move a booked appointment as this time is set aside for you. There will be a $75.00 cancellation fee for any missed appointments without this 48-hour notice. _____

Assignment of Benefits: Nepean Dental Centre is willing to accept direct payment from your insurance provider. Your dental policy may not cover the full cost of your agreed treatment. You will be responsible for payment of any difference _____

Signature of Patient/Guardian: _____ Date: _____
Signature of Doctor: _____