Bolton
Family Dental Centre

HEALTH HISTORY

This information will be kept strictly confidential and will be used by the dentist to assist in providing optimum treatment. If you have any questions or concerns, our staff will be pleased to assist you.

Family Physician: _____**Phone:**_____

Pharmacy Name/Number: _____

Health Card Number: _____

Y	N	
❑	❑	Are you presently in good health?
❑	❑	Do you use any tobacco products or nicotine substitutes? Type/Frequency:_____
❑	❑	Past surgeries or hospitalizations: _____
❑	❑	Are you taking any medications (prescription or herbal?)? Type: _____
❑	❑	Do you have any allergies? _____

GENERAL

Do you presently have or have you ever had any of the following conditions?

Y	N	
❑	❑	Artificial Joints:_____
❑	❑	Auto Immune Disease
❑	❑	Asthma
❑	❑	Blood Pressure ❑ High ❑ Low
❑	❑	Bleeding Disorder
❑	❑	Cancer: _____
❑	❑	Diabetes: ❑ Type I ❑ Type II
❑	❑	Epilepsy
❑	❑	Fainting
❑	❑	HIV/AIDS
❑	❑	Hepatitis ❑ A ❑ B ❑ C
❑	❑	Heart Murmur
❑	❑	**Other** _____

Y	N	
❑	❑	Heart Disorders/Disease
❑	❑	Mitral Valve Prolapsed
❑	❑	Artificial Heart Valves
❑	❑	Pacemaker
❑	❑	Osteoporosis
❑	❑	Rheumatic Fever
❑	❑	Scarlet Fever
❑	❑	Thyroid Disorders
❑	❑	Are you pregnant?
❑	❑	Injury to: ❑ Face ❑ Mouth ❑ Neck ❑ Teeth
❑	❑	Chemotherapy/ Radiation therapy

PLEASE NOTE: WE REQUIRE 2 BUSINESS DAYS NOTICE UPON CANCELLATION OF APPOINTMENTS. A FEE OF $80 FOR HYGIENE OR $ 150 FOR DENTIST FOR NO SHOW / MISSED APPOINTMENTS WILL BE CHARGED TO YOUR ACCOUNT.

Patient Release: I certify that I have provided an accurate and complete medical and dental history for myself (or my dependant) and have not omitted any information. I have had the opportunity to ask questions and have received answers regarding any concerns I have regarding my dental treatment. I authorize the dentist to consult with my physician (or specialist) regarding any compromising medical condition in my (or my dependants) medical/dental history. I have also read and understand the Privacy Act given to me to review.

Date: _____ Signature:_____ ❑ Patient ❑ Parent ❑ Guardian

Reviewed by: _____