DAWSON DENTAL CENTRE

Medical History Update

		Preferred Name:	
		Apt/Unit#:	_
•		Postal Code:	
Home Phone:	Cell:	Work: e	ext:
Date of Birth:	(mm/dd/yyyy)	-mail address:	
Family Physician:			
Pharmacy Name:			
,		cluding appointment reminders? Yes	
May we send you text message appo		□ Yes □ No	□ NO
ou have the option to withdraw your cons		□ 1e3 □ 1NO	
,	,		
Please check any PAST or PRESENT			
□ Heart condition	□ HIV positive/AIDS	□ Cancer - type:	□ Vision Impairment
□ Angina □ Hoort surgery/procedures	□ Anemia □ Blood disorders	Date Radiation:	☐ Hearing impairment
□ Heart surgery/procedures			□ TMJ (jaw joint) concerns □ Physical impairment
□ Heart attack □ Stroke/T.I.A	□ Hepatitis A/B/C □ Hemophilia	Chemotherapy: Surgery	□ Priysical impairment □ Arthritis
⊒ Stroke/T.T.A ⊒ Heart murmur	 □ Excessive bleeding/brui 		□ Osteoporosis
⊐ Mitral valve prolapse	□ Excessive bleeding/brui	□ Respiratory conditions	□ Long-term Actonel/Fosomax u
□ Mittal valve prolapse □ Congenital heart disease	□ Eating disorder	□ Tuberculosis	□ Epilepsy/seizures
□ Infective Endocarditis	□ Lupus	□ Snoring/sleep apnea	□ Cognitive impairment
□ Pacemaker	□ Thyroid disease	□ Dizziness/fainting	□ Depression
□ High blood pressure	□ Kidney disease	□ HPV	□ Anxiety
□ Low blood pressure	□ Liver disease	□ Herpes/cold sores	□ Mental health issues
□ General Anesthetic complications	□ Joint replacement	□ Ulcers/acid reflux	□ Drug/alcohol dependency
□ Diabetes: Type I or II	joint	Intestinal/stomach problems	□ Tobacco Use
⊐ Hypoglycemia	date	□ Above average weight gain/loss	□ Other
Have you had any surgery in the pas Explain: s there anything else to report abou			
		ve:uropathic or over the counter MEDICATIO	INS:
	ig presemption, nerodi, nace	aropathic or over the counter MEDICATIO	113.
Information for our Patients			
At Dawson Dental Centre, all professional d	lental services are performed by	licensed members of the Royal College of Dental	I Surgeons ("Dental Professionals"), and a
·		Health Services, under the clinical supervision an	
3 3		ices are each independent entities providing ind or more of our Dental Professionals may have a fil	•
Privacy Act and Consent to Treatmer	nt		
		understood the above information prior to any p	
		y of the Privacy Code for Dawson Dental Centre;	
		e. You can withdraw your consent at any time on Dawson Dental Centre to provide the services yo	
, the undersigned, certify that I have provic	ded and accurate and complete r	personal and medical – dental history and have n	not knowingly omitted any information.
· · · · · · · · · · · · · · · · · · ·		ny medical – dental history. Should there be any	- · · · · · · · · · · · · · · · · · · ·
other information I have provided, I will adv	vise this dental office. As discuss	ed with me, I authorize the Dental Professionals	and all professional staff working under
		ic procedures that may be required to determine	
		provider may be necessary and I authorize the ex	
	•	other health care provider as reasonably necessal personal information will be collected, used and	
· · · · · · · · · · · · · · · · · · ·		personal information will be collected, used and ed by Dawson Dental Centre and Dawson Health	
		e undersigned, acknowledge that the Dawson De	
relying upon the information which I have I			
	·		
Patient Signature:		D 1: 1 D 1 C 1: D	
		□ Patient □ Parent □ Guardian Da	ate:
Dentist Signature		□ Patient □ Parent □ Guardian Da	ite: