

Medical History

| | | | | | |
|-------------------|--|-------------------------|--|------------------------|------------|
| First Name | | Last Name | | Guardian Name if Minor | |
| Birthdate | | Age | | Male | Female |
| Full Address | | | | Postal Code | |
| Home Phone | | Cell Phone | | Work Phone | |
| Email | | Best way to contact you | | Cell | Home Phone |
| Occupation | | Employer | | | |
| Dr. Name | | Phone | | Email | |
| Specialists Name | | Phone | | Email | |
| Emergency Contact | | Phone | | | |

1. How did you hear about our office? **Signage Radio Mail Coffee News Google Online Facebook**
Website Walk-in/by Friend Who should we thank for referring you:
2. What is your estimate of your general health? **Excellent Good Fair Poor**
3. There are 5 reasons why a person resists going to the dentist. Choose ONE that may be a reason for you:
Fear (How fearful, 1 (least) - 10 (most)) **Time Finances Trust No sense of urgency N/A**
4. Although all of these are important to your oral health which ONE of these are most important to you:
Cosmetic Function Comfort Longevity

Do you have or have you ever had

1. Hospitalization for illness or injury **Yes No** If yes, Please provide details:
2. An Allergic reaction to **aspirin ibuprofen acetaminophen codeine penicillin tetracycline local anesthetic**
metals (nickel, gold, silver) fluoride sulfa erythromycin latex other
3. Do you have a history of any of the following that may require antibiotic coverage?
 - Prosthetic cardiac valves, including transcatheter implanted prostheses & homograft's. **Yes No**
 - Previous infective endocarditis. **Yes No**
 - Prosthetic material used for cardiac valve repair, such as annuloplasty rings & chords. **Yes No**
 - Unrepaired cyanotic congenital heart disease or repaired congenital heart disease, with residual shunts or valvular regurgitation at the site of or adjacent to the site of a prosthetic patch or prosthetic device. **Yes No**
 - A cardiac transplant with valve regurgitation due to a structurally abnormal valve. **Yes No**
4. Joint Replacement **Yes No** If yes what joint When?

| 5. Please check any that apply | Yes | No | | Yes | No |
|---|-----|----|---|-----|----|
| Heart Attack - Date: | | | Emotional Disorders, Depression, Psychiatric Txt | | |
| Cardiac Stent(s) - Date: | | | Epilepsy, convulsion (seizures) | | |
| Stroke - Date: | | | Muscular dystrophy, multiple sclerosis | | |
| High or Low Blood Pressure | | | Neurologic problems (ADD) | | |
| Anemia or other blood disorder | | | Hepatitis - Type: | | |
| Prolonged bleeding due to slight cut | | | Breathing or Sleep Problems (i.e. snoring, sinus) | | |
| On blood thinners i.e. Coumadin Adult Aspirin Plavix (INR#:) | | | Unexplained sore throat, feeling like something is caught in throat or chronic hoarseness | | |
| Emphysema | | | HIV/AIDS | | |
| Tuberculosis | | | Colitis / Crohns | | |
| Asthma: Where do you keep your inhaler? | | | Eating Disorder (Bulimia, Anorexia Nervosa) | | |
| Thyroid Disease | | | Lupus | | |
| Kidney Disease | | | Cold Sores | | |
| Liver Disease | | | Head or Neck injuries | | |
| Jaundice | | | Lumps or swelling in the mouth or neck area | | |
| Cancer - Type: | | | Digestive disorders (i.e. Gastric reflux) | | |
| Radiation / Chemotherapy | | | Drug Dependency - Type: | | |
| Male Only: Prostate disorders | | | Consumer of alcohol – Number of times per week: | | |

6. Female Only: Osteoporosis **Yes No** If No, have you ever been tested for osteoporosis? **Yes No**
 Take Fosamax, Fosamax plus D for osteoporosis or for any other reason? Prone to yeast infections
7. Any medical condition(s) or impending surgery not listed **Yes No** If yes, please indicate:

List all prescribed MEDICATIONS & over-the-counter SUPPLEMENTS & VITAMINS that you are currently taking.

| Drug | Purpose | Drug | Purpose |
|------|---------|------|---------|
| | | | |
| | | | |
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Prevalence & severity of gum conditions increases with the following risk factors. In fact, 90% of all systemic diseases have an oral manifestation & gum disease can affect major organs. Eliminating gum disease is especially important to the oral & overall health of the following patients (please indicate which apply):

TOBACCO USE Yes No

Tobacco users are more likely to develop gum disease which is more severe & more difficult to eradicate. Gum disease itself has recently been linked with an increased risk for heart disease. Since tobacco users are already at an increased risk for heart disease & since gum disease only worsens that risk it is vitally important for tobacco users to do whatever is necessary to eliminate gum disease.

- **Current Tobacco User:** Yes No If yes, do you want to quit? Yes **Contemplation Phase** No
 What form: **cigarettes** **pipe** **chew** **marijuana** **e-cigarettes** Other
 How much / day For How Long?
- **Previous Tobacco User:** Yes No If yes, when did you quit?

OTHER SYSTEMIC DISEASES

• **Diabetes:** Yes No

Diabetes is a well-known risk factor for gum disease. Research is confirming that untreated gum disease makes it harder for you control your blood sugar. Eliminating gum disease improves blood sugar control.

What type? **Type I** **Type II** Date of last HbA1c:

How is your diabetes control? **Good (<7% A1c/140 mg/dL)** **Fair (7-9% A1c/140-220 mg/dL)** **Poor (>9 A1c/>330mg/dL)** **Don' Know**

• **Rheumatoid Arthritis (RA):** Yes No

There is a bi-directional connection between RA & gum disease. If you have arthritis you are at an increased risk for gum disease. Emerging research suggests, eliminating gum disease & keeping it at bay can lessen the crippling effects of arthritis.

• **Cardiovascular Disease** Yes No If yes, please specify

Gum disease is now a recognized risk factor for heart disease. If your gums are inflamed, bacteria from your mouth can get into your blood stream & lodge in your heart vessels. Eliminating gum disease can lower your risk for heart disease & stroke.

GENETICS

• **Family History of Gum Disease:** Yes No **Don't know** If yes, who

Some people are genetically prone to developing gum disease even if they take care of their mouths. Identifying these individuals & getting them into early intervention treatment may help them keep their teeth for a lifetime.

• **Family History of Diabetes:** Yes No **Don't know** If yes, who?

Diabetes is a well-known risk factor for gum disease. Research is confirming that when left untreated gum disease makes it harder for you to control your blood sugar. Elimination of gum disease can improve your blood sugar control.

• **Family History of Alzheimer's Disease (AD):** Yes No **Don't know**

Gum disease has been linked with an increased chance for developing AD later in life. If you have a family history, you are already at increased risk. Keeping gum disease at bay over your life span can lower your risk for developing AD.

STRESS Is your stress level high? Yes No

Are you currently going through any life altering events like **Loss of job** **Divorce** **Death in Family** **Moving?**

Stress is a well-known risk factor for gum disease can lower your resistance to diseases like gum disease.

OVERWEIGHT Are you overweight? Yes No List height List weight

Being overweight is now recognized as a disease & a strong risk factor for gum disease. Obesity & gum disease are both risk factors for heart disease & diabetes. If you are over your ideal weight it is important to eliminate gum inflammation to lower risks for more serious health problems.

BMI = (703 x weight in lbs.) ÷ (height in inches x height in inches). Overweight BMI = 25.0 to 29.9 & obesity >30.

MEDICATIONS Some drugs can affect your oral health. Are you taking any of the following?

Dilantin **Ca+ Channel Blockers** **Immunosuppressant's for organ transplantation** **Anti-depressants**

HORMONES Do any of the following apply? **Puberty** **Pregnant** **Menopause** **Post-Menopause** **Nursing**

The presence & lack of certain hormones during puberty, pregnancy & menopause may impact the gingival health. Puberty includes gingivitis & periodontitis, pregnancy includes pregnancy gingivitis & menopause includes menopausal gingivostomatitis, which manifests itself as dry or shiny, bleeding & ranges from abnormally pale to deep red.

SLEEP APNEA Have you ever been diagnosed with Sleep Apnea? Yes No

Lack of quality sleep & sleep apnea are very serious. Sleep apnea is linked to gum disease and many other diseases. Part of overall wellness is to keep gum inflammation to a minimum, especially if you have sleep abnormalities.

VITAMIN D STATUS Have you ever had your Vitamin D levels tested? Yes No If yes, how long ago?

Low vitamin D levels have been linked with higher risk for gum disease and many other diseases. Many people are chronically low in vitamin D and do not know it. It is important to optimize vitamin D levels if they are low to prevent disease.

I, the undersigned, certify that all the medical & dental information provided is true to the best of my knowledge, & I have not knowingly omitted any information.

Print Name

Signature



Date

Patient Privacy Consent Form

Privacy of personal information is an essential part of our office providing you with quality care. We understand the importance of protecting your personal information & are committed to collecting, using & disclosing your personal information responsibly.

Our privacy policies and procedures comply with federal legislation called the Personal Information Protection and Electronic Documents Act (PIPEDA). For more information on our privacy policies and practises you may contact our Privacy Officer, Wendy Pritchard at Wendy@birchlanddental.ca

All team members who encounter your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information.

In this consent form, we have outlined what our office is doing to ensure that:

Only necessary information is collected about you.

- We only share your information with your consent.
- Storage, retention & destruction of your personal information complies with existing legislation & privacy protocols.
- Our privacy protocols comply with privacy legislation, standards of our regulatory body & the law.

Birchland Dental Centre will collect, use, and disclose information about you for the following purposes.

- To offer & deliver safe treatment, patient care and ensure continuous high-quality service
- To assess your health needs, advise you of treatment options and for follow up treatment
- To enable us to contact, establish and maintain communication with you in booking and confirming appointments
- To communicate with other treating health-care providers, including specialists and referring doctors
- To allow us to maintain communication and contact with you to distribute health-care information
- To comply with legal & regulatory requirements, including the delivery of patients' charts & records to governing bodies in a timely fashion, when required, according to the provisions of the Regulated Health Professions Act
- To comply with agreements/undertakings entered voluntarily by the member with governing bodies, including the delivery and/or review of patients' charts and records in a timely fashion for regulatory and monitoring purposes
- To a Third Party (GEM Dental Consultants) for teaching and quality assurance purposes, on an anonymous basis
- To permit potential purchasers, practice brokers or advisors to evaluate the practice
- To allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale
- To deliver your charts and records to the office's insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- To prepare materials for the Health Profession Appeal and Review Board (HPARB)
- To assist this office to comply with all regulatory requirements
- To comply generally with the law
- To complete and submit claims for third party adjudication and payment
- To bill for goods and services
- To process credit card payments
- To invoice and collect unpaid accounts

Our office will not under any conditions supply your insurer with your confidential medical history. In the event this kind of request is made, we will forward the information directly to you for review, and for your specific consent. When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate.

I have reviewed the above information that explains how Birchland Dental Centre will use my personal information, and the steps Birchland Dental Centre is taking to protect my information. I agree that Birchland Dental Centre can collect, use, & disclose personal information as set out in the office's privacy policy.

Print Name

Signature



Date