



## Personal information

*(Please Print Clearly)*

Surname: \_\_\_\_\_ Salutation (*circle*): Mrs. Miss Ms. Mr. Dr.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Name to be used at our Clinic: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: **Alberta** (or): \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business/Cell: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Contact in case  None or Name: \_\_\_\_\_ Phone: \_\_\_\_\_

of Emergency: \_\_\_\_\_ Their Relationship to You: \_\_\_\_\_

Referred by:  Spouse/Friend  Dentist  Website  Flyer/Ad  Other: \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Dentist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Dental Insurance Information – Government Plans and/or Private Insurance Coverage

Alberta Health Care #: \_\_\_\_\_ AISH/Alberta Works Card: \_\_\_\_\_

NIHB ID#: \_\_\_\_\_ Band Name & Number: \_\_\_\_\_

#### Private Primary Dental Insurance Information:

Insurance Company: \_\_\_\_\_ Certificate or ID#: \_\_\_\_\_

Subscriber's Employer: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Subscriber Birthdate (m/d/y) \_\_\_\_\_

#### Private Secondary Dental Insurance Information:

Insurance Company: \_\_\_\_\_ Certificate or ID#: \_\_\_\_\_

Subscriber's Employer: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Subscriber Birthdate (m/d/y) \_\_\_\_\_

I authorize release to my benefits plan administrator, information contained in claims submitted electronically. I also authorize the communication of information related to the coverage of services described, to the denturist. I understand and agree that in some cases, assignment of my insurance plan will only be accepted with a written pre-authorization and a credit card guarantee. I further understand and agree that if I have provided an email address, this will only be used for purposes of my treatment at Oakridge Denture & Implant Centre; it will not be shared or distributed or used for commercial purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Dental Health History**

Please place an "X" into the appropriate box or provide your written response

7. When was your last dental visit? .....

DATE

8. Do you normally have an unpleasant odour/taste in your mouth? .....

 Yes No

9. Do you have any pain in your jaw joint? .....

 Yes No

10. Do you clench or grind your teeth? .....

 Yes No

11. Do you have dental implants? .....

 Yes No

12. Have you ever had a serious accident or trauma/injury to your neck or jaws? .....

 Yes NoIf **yes**, specify:

13. Do you have any sore spots or anomalies in your mouth? .....

 Yes No**Complete the following questions only if you have some or all of your natural teeth**

14. Do you have any dental work ongoing or outstanding at this time? .....

 Yes No

15. Do you have any sensitive teeth? .....

 Yes No

16. How often do you brush your teeth? .....

 Daily Weekly Never

17. How often do you floss your teeth? .....

 Daily Weekly Never

18. How often do you see a Dental Hygienist? .....

 Yearly Bi-Yearly Never**Complete the following questions only if you have a denture or dentures**

19. What type of denture(s) do you have? (complete or partial) .....

**Upper:**Complete: Partial: **Lower:**Complete: Partial: 

20. How old are your dentures? .....

Upper: \_\_\_\_\_ (years)

Lower: \_\_\_\_\_ (years)

21. How many dentures have you had (if applicable)? .....

Upper: \_\_\_\_\_

Lower: \_\_\_\_\_

22. Who provided you with your current denture(s)?

**Upper:** Don't Remember Prefer not to say**Lower:**

23. Do your gums get sores under your denture(s)? .....

Upper  Yes  NoLower  Yes  No

24. Do you brush your gums under your denture(s)? .....

Upper  Yes  NoLower  Yes  No

25. Do you wear your denture(s) at night? .....

Upper  Yes  NoLower  Yes  No

26. Are you happy with the appearance of your denture(s)? .....

 Yes No

27. Do you have problems eating any types of food? .....

 Yes No

28. Do you use denture adhesives? .....

 Yes No

29. Have the benefits of dental implants been discussed with you? .....

 Yes No

