

## NEW PATIENT INFORMATION

Mr.  Mrs.  Ms.  Master

Full Name \_\_\_\_\_  

Last Name
First Name
Middle Name

Date of Birth \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Day/Month/Year

Home Address \_\_\_\_\_  

Street No.
Street Name
Apt. No.
  

City, Province
Postal Code

Occupation \_\_\_\_\_ Business Phone # \_\_\_\_\_

In Case of Emergency, please contact: \_\_\_\_\_

Email Address \_\_\_\_\_

**Please check any of the following problems that apply to you.**

- Sensitivity (hot, cold, sweet)
- Tooth pain or discomfort when chewing
- Headaches, earaches, neck pain
- Jaw joint pain
- Teeth or fillings breaking
- Grinding or clenching teeth
- Bleeding, swollen or irritated gums
- Loose, tipped or shifting teeth
- Bad breath or bad taste in your mouth

**Do you have or have you had any of the following:**

- Dentures
- Partial dentures
- Braces
- Periodontal (gum) treatments

**Please share the following dates:**

- Your last cleaning \_\_\_\_\_/\_\_\_\_/\_\_\_\_
- Your last oral cancer screening \_\_\_\_\_/\_\_\_\_/\_\_\_\_
- Your last complete x-rays \_\_\_\_\_/\_\_\_\_/\_\_\_\_

**Name of Previous Dentist:**  
 \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Why did you leave your previous dentist?**  
 \_\_\_\_\_

**If I could whiten my teeth for a cost anyone could afford, would I do it?**

**I smoke or use chewing tobacco.**

**If I could change my smile, I would:**

- Make my teeth brighter
- Make my teeth straighter
- Close spaces
- Replace black metal fillings with natural, tooth coloured fillings
- Repair chipped teeth
- Replace missing teeth
- Replace old crowns that don't match
- Have a smile makeover

**On a scale of 1 - 10, with 10 being the highest rating: How important is your dental health to you?**

1 2 3 4 5 6 7 8 9 10

**Where would you rate your current dental health?**

1 2 3 4 5 6 7 8 9 10

**What is the most important thing to you about your future smile, dental health and the way we serve you?**  
 \_\_\_\_\_

**What is the most important thing to you about your dental visit today?**  
 \_\_\_\_\_