



7322 Highway 1  
Coldbrook, NS B4R 1B9  
902-681-9111

Dr. Mubarak Alrafidi, BSc DDS  
Dr. Scott Schofield, BScH DDS

**PATIENT INFORMATION**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Health Card # \_\_\_\_\_  
 Town: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Ph: ( \_\_\_\_\_ ) Cell Ph: ( \_\_\_\_\_ )  
 Emergency Contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

**DENTAL COVERAGE**

- Do you have Dental Coverage through the government? Social Assistance / MSI / NIHB / Veteran's Affairs
- Do you have Dental Insurance? Yes / No *(fill out the lines below, or provide info to reception desk)*

Primary Policy Owner: \_\_\_\_\_ DOB \_\_\_\_\_  
 Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_ ID# \_\_\_\_\_

**DENTAL HISTORY**

Do you have a regular dentist? Name: \_\_\_\_\_ Town: \_\_\_\_\_  
 Can Fundy Dental Centre send clinical notes and x-rays from this visit to your dentist? Yes / No  
 Do visits to the dentist make you nervous? *(circle one)* Not at all / Moderate / Extremely

**MEDICAL HISTORY**

**PERSONAL HEALTH:**

- Do you smoke/vape? Yes / No
- Do you drink 10+ alcoholic beverages per week? Yes / No
- Allergies to medications: \_\_\_\_\_
- Are you taking any medications? Please list or provide a list: \_\_\_\_\_
- Are there medical conditions that you are being treated for at this time? \_\_\_\_\_
- Do you have a history of, or present issue with:
  - Heart Attack  Stroke  Other Heart Condition  High Blood Pressure  Diabetes  Asthma / COPD / other
  - Prolonged Bleeding or Disorder  Liver / Kidney Issues  Cancer / Tumor: Type \_\_\_\_\_
  - Migraines  Hive  Psychiatric Treatment  Drug Abuse  Other Conditions: \_\_\_\_\_
- Do you have any infectious diseases, such as: STD / HIV / AIDS / HEP C / Other: \_\_\_\_\_

**FAMILY HISTORY:** Health Conditions, re: Heart / Lung / Bleeding / Cancer : \_\_\_\_\_

To the best of my knowledge, all preceding answers are true and correct. Please inform your dentist of any change in health or medications. Also, please review our **Privacy and Consent Statement** in the waiting area.

Signed: \_\_\_\_\_ for: \_\_\_\_\_  
 Date: \_\_\_\_\_

<u>Exam (Office Only)</u>	
HR: _____	Temp: _____
BP: _____	X-ray: _____