



7322 Highway 1
Coldbrook, NS B4R 1B9

Dr. Scott Schofield, BScH, DDS
Dr. Elizabeth Jackson, BScH, DDS
Dr. April Nason, BSc, 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 under government assistance? 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: _____

Exam (Office Only)

HR: _____ Temp: _____

BP: _____ X-ray: _____