Cowichan Valley Dental Health & Implant Centre
345 Jubilee St Duncan, BC V9L 1W9
Tel: 250-746-0003
Fax: 250-746-5426
cowichanvalleydental@shaw.ca

First Name:_____**Last Name**:_____
Physician's Name:_____Phone Number:_____
Are you presently under a Physicians care:_____ If yes, what condition _____
_____
What drugs/medication are you currently taking, including Aspirin_____
_____
Have you ever been hospitalized? If yes, for what condition?_____

Do you have any allergies (eg. Latex, Penicillin)?_____
_____
Do you have any artificial body parts eg. Joints, pacemakers etc? _____
Do you have any infections we should be aware of? _____

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

	YES	NO		YES	NO
Hepatitis, jaundice, liver disease			Thyroid problems		
Rheumatic fever			Cancer or radiation therapy		
Heart Murmur			Taken bisphosphonates		
Heart Trouble			Glaucoma		
High or low blood pressure			Prolonged bleeding from a minor cut		
Liver problems			Have you had any other serious illnesses?		
Asthma or sinus problems			Do you smoke? (How much?)_____		
Diabetes			Do you have sleep apnea		
Arthritis or rheumatism			Are you a nervous patient?		
Stomach problems or ulcers			**WOMEN:**		
Tuberculosis or lung disease			Are you pregnant?		
Epilepsy or nervous problems			Are you post menopause?		

DENTAL HISTORY :
*Chief Concern:*_____
How often do you brush? _____ Do you use a hard or soft brush? _____
Do you use other dental aids (floss, toothpicks, mouthwash etc)? _____
How often do you have professional dental cleanings? _____
When was you last profession dental cleaning? _____

Do you or have you ever had….	YES	NO		YES	NO
Any injury to your face or jaw?			Gum surgery?		
Any pain in your face or jaw?			Sore or sensitive teeth?		
Bleeding gums?			Teeth straightened?		
Loose teeth?			Clenched or grinded your teeth?		
Bad breath?			Freezing with your cleanings?		

Date:_____ Signature of Patient:_____

Date:_____ Reviewed By:_____