

Patient ID#

WELCOME TO OUR DENTAL OFFICE

Date

Your co-operation in completing this questionnaire is essential to providing you with the highest standard of dental care. All information is strictly confidential. Our receptionist is available to assist you with the completion of this form. PLEASE PRINT.

REGISTRATION INFORMATION

The patient is an: Adult Child Under guardianship Name of Guardian:

Name: (last) (first) (initial) Dr. Mr. Mrs. Ms. Miss

Address: (street) (apt. #) (city) (province) (postal code)

Reason for today's visit? Examination Other

A.H.C.#: Preferred appt. time?

Home Phone: Bus Phone: Ext. May we call you at work?

Would you be able to attend an appointment on short notice? Y N Email

PERSONAL INFORMATION

Prefers to be called: Occupation:

Date of Birth: M D Y Age: Sex: Marital Status: Name of Spouse:

Are other family members patients at our office? Yes Names:

How did you hear about our office? Friend/Relative Advertising Other

Whom may we thank for referring you?

MEDICAL PRIORITY

Family Physician Phone:

Medical Specialist: (if presently under care) Phone:

In case of emergency, please contact: Phone:

FINANCIAL INFORMATION

Person responsible for account: Self Spouse Other Please complete all information if different than above.

Name: (last) (first) (initial) Phone:

Address: (street) (apt. #) (city) (province) (postal code)

Employed by: Phone:

Driver's Lic. No. S.I.N.

I am interested in information regarding payment plans for my dental care.

PRIMARY DENTAL INSURANCE

Subscriber's name: D.O.B.

Relationship to Subscriber Ins. yr. end/Calendar yr.

Grp. policy holder (Employer):

Ins. Co. Tel.

Grp./Ind. policy No. Cert. No.

I.D./S.I.N. Max. Coverage.

% coverage: Basic Maj. Rest. Ortho. Other Other

SECONDARY DENTAL INSURANCE

Subscriber's name: D.O.B.

Relationship to Subscriber Ins. yr. end/Calendar yr.

Grp. policy holder (Employer):

Ins. Co. Tel.

Grp./Ind. policy No. Cert. No.

I.D./S.I.N. Max. Coverage.

% coverage: Basic Maj. Rest. Ortho. Other Other

METHOD OF PAYMENT (For office use only) CASH CHEQUE CREDIT CARD OTHER