UPPER AVENUE DENTISTRY

Dr. Ted Margel and Associates

We would like to welcome you to Upper Avenue Dentistry. Dr. Ted Margel and the entire team are committed to providing you with the highest standard of dental care.

Please complete this information form so we can get to know you better.
Your personal information is confidential and protected under the Privacy of Information Act.

Today's Date: _____

Name: _____ DOB: _____ day / month / year

Home Phone: _____ Cell _____ Work _____

Email: _____ Best way to contact you? Email○ Cell○ Work○ Home○

Occupation: _____ Gender: M○ F○

Address: _____ Postal code: _____

Emergency contact name and phone number: _____

Referred by: _____

Physician name: _____ Physician phone number: _____

Dental Insurance: _____ Company name: _____ Policy# _____ Cert: _____

MEDICAL/DENTAL INFORMATION:	YES	NO	UNSURE
1. Are you being treated for any medical condition at the present or have you been treated within the past year?	○	○	○
2. Was your last medical check-up within the past one year?	○	○	○
3. Has there been any change in your general health in the last year?	○	○	○
4. Are you taking any medications or non prescription drugs? If yes please list.	○	○	○
5. Do you have Allergies? If yes please list.	○	○	○
6. Have you ever had a peculiar or adverse reaction to any medicines or injections?	○	○	○
7. Do you have any heart or blood pressure problem?	○	○	○
8. Do you have a heart murmur or mitral valve problem?	○	○	○
9. Have you ever had rheumatic fever?	○	○	○
10. Have you ever had hepatitis, jaundice or liver disease, or had known contact, with a person with any of these conditions?	○	○	○
11. Have you ever been told that you should not give blood?	○	○	○
12. Have you ever had a blood transfusion?	○	○	○
13. Do you have any tendency to bruise easily or bleed for a prolonged period of time after a cut?	○	○	○
14. Have you ever been hospitalized for any illnesses or operations?	○	○	○
15. Do you have any condition that could affect your immune system, e.g. leukemia, AIDS, HIV infection?	○	○	○
16. Do you have a prosthetic or artificial joint? If yes please list the date of surgery and type of replacement.	○	○	○
17. Do you have a pacemaker?	○	○	○
18. Do you have diabetes?	○	○	○
19. Have you ever been advised by your doctor to take antibiotics before dental treatment?	○	○	○
20. Do you have sleep apnea? Do you snore regularly?	○	○	○
21. For women: Are you pregnant or breast feeding?	○	○	○
22. Are there any medical concerns the dentist should be aware of? Please explain.	○	○	○
23. Do you have any concerns as a patient receiving dental treatment? i.e. Anxiety, needles, x-rays, gag reflex, latex sensitivity, long appointments, other _____	○	○	○
24. Do you prefer conscious sedation i.e. laughing gas during dental treatment?	○	○	○
25. Was your last dental visit in the last 12 months?	○	○	○
26. Are you aware of any ongoing dental conditions you may have that should be reviewed with the dentist?	○	○	○
27. Is there any dental treatment you would like to discuss with the dentist? Please describe.	○	○	○

A comprehensive examination and full series of images is included in your initial visit. If you recently (within the last 12 months) had images taken at your previous dentist please notify us by checking this box. ☐

I have reviewed and answered the above questions to the best of my ability. I have been informed that my physician may be contacted in order to complete details of my medical history. I hereby consent to my physician providing Dr. Ted Margel, Upper Avenue Dentistry with any information in this regard which may help to ensure safe dental treatment.

Thank you for taking the time to complete this form.

Dr. Ted Margel

Patient Signature: Date: day / month / year