SPARKLE
Dental Hygiene Clinic

604-551- (FLOS) 3567 **www.sparkledentalhygieneclinic.ca**

PATIENT INFORMATION

Name: _____

DOB(DD/MM/YY): _____Sex: M _____ F _____

Address: _____City_____

Postal Code _____ Tel(Home): _____

MSP Card #_____

Family dentist's name: _____

Family doctor's name: _____

Address: _____Tel: _____

HEALTH HISTORY

1. Has your child ever had any serious illness?

If yes, please explain_____

2. Has your child ever been hospitalized or had an operation? If yes, please explain_____

3.Are your child's immunizations up-to-date?

4. Has your child ever had prolonged bleeding following a minor injury?

5. Is your child taking any medication, non-prescription drugs or herbal supplements of any kind? If yes, please list:

_____

6. Is your child allergic to any medication (penicillin, pain killers, sulfa drugs, etc.)or have any adverse reactions to any medicines

7. Does your child snore when sleeping or have any history of sleep apnea?

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DENTAL HISTORY

1.What is the primary reason for this appointment?_____

2.When did your child last see a dentist? _____

3.Is your child currently experiencing any dental pain? If yes, how long has it been? _____

4.Is your child nervous during dental treatment? If yes, please explain:_____

5.How do you expect your child to behave during today's visit? excellent fair poor

6.Has your child ever injured his/her teeth or mouth? If yes, please explain:

7. Does your child have any oral habits (e.g. digit sucking, pacifier, lip biting, teeth grinding)?

8.Who brushes your child's teeth? Mom Dad Him/herself Other _____

How often? _____ times/day

9.Does your child use any toothpaste?

10.Does the toothpaste contain fluoride?

11.Does your child use floss? If yes, how often? _____times/week

12.Does your child go to bed with a bottle? If yes, what's in the bottle?

13. Your child's favorite activity

14. Your child's favorite TV show

I, the undersigned, verify that all of the medical and dental information provided is true to the best of my knowledge, and I have not knowingly omitted any information. I authorize Sparkle Dental Hygiene Clinic to provide dental hygiene care for my child

Parent/Guardian signature _____

Date _____