ARDENT DENTAL
in Lynn Valley

300-1200 Lynn Valley Road
North Vancouver, B.C.
V7J 2A2
604-980-2648

Patient Information

Name: _____ Date of Birth: _____/_____/_____
First MI Last D M Y

Preferred name: _____ How did you find us? _____

Address: _____ City: _____ Postal Code: _____

Cell number: _____ Other phone number: _____ Gender you identify as: _____

EMAIL (for appointment reminders): _____

What is currently your main concern: _____

Person Responsible: Self ☐ Other ☐ **Emergency Contact (name and phone)** _____

Medical History

Physician's name: _____ Date of last physical: _____

ALLERGIES: _____

CURRENT MEDICATIONS: _____

Please list and describe:

Were you ever required by your physician
to take medication prior to your dental appt?...YES / NO _____
Do you have any general health problems? ... YES / NO _____
Are you taking any recreational drugs? ..... YES / NO _____
Have you ever had any surgeries? ..... YES / NO _____
Have you ever fainted in the dental office? ... YES / NO _____
Is there a history of Cancer in your family.....YES / NO _____

Have you ever had any of the following? Please circle

High Blood Pressure.....YES / NO
Heart problems (including murmur).....YES / NO
Rheumatic fever.....YES / NO
Stroke.....YES / NO
Prolonged Bleeding or clotting problems.....YES / NO
Hepatitis (jaundice or other liver disease).....YES / NO
Arthritis or rheumatism.....YES / NO
HIV, AIDS or venereal disease.....YES / NO
Lung Trouble (asthma, TB, Emphysema).....YES / NO
Joint Replacement.....YES / NO
Diabetes.....YES / NO
Kidney Disease.....YES / NO
Endocrine (hormonal disease) .....YES / NO
Epilepsy or nervous problems.....YES / NO
Blood Disorders (anemia, leukemia) .....YES / NO
Radiation Therapy or chemotherapy.....YES / NO
Ulcer, acid reflux or stomach problems....YES / NO
Do you smoke.....YES / NO
Are you pregnant: .....YES / NO

This information is correct and up to date to the best of my knowledge.

_____ _____
Patient Signature Date

PLEASE SEE BACK SIDE FOR REMAINDER

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OFFICE INFORMATION

We understand that it may become necessary to make changes to the schedule. In order to accommodate the needs of our patients we require two business days' notice in order to change your appointment.

We find that most of our patients have very busy schedules and need to pre-plan their dental appointments. Some patients have to wait three to four weeks for their visits; others are in discomfort and need to come as quickly as possible.

There will be absolutely no charge for your need to change your appointment as long as we are provided two working days' notice. However, should something happen to prevent you from contacting us with two working days' notice, there will be a charge according to the amount of time that was reserved for you.

Each person's situation is different and we realize that family, office emergencies and illness can arise. We will be pleased to discuss the details of short notice schedule changes on an individual basis.

As a service to our patients, we want to continue to bill your insurance company, however, due to the Privacy Act we are often unable to obtain our patients' personal information. If your insurance company will not provide our dental office with your insurance information, we are asking for your assistance. Please get in touch with your carrier personally, obtain your coverage and then relate the information to our office. We will then bill your insurance company directly. In order to do so we will sometimes send electronic claims forms and pre-authorizations.

Also, please note that any treatment your insurance doesn't pay or exceeds the limit of your individual plan will be your responsibility and billed directly to you.

The staff at Ardent Dental looks forward to taking care of your oral health needs and welcomes you and your family to our team.

I have read the office policies of Ardent Dental and fully understand my responsibilities as a patient. I give consent for Ardent Dental to contact my insurance as needed and send electronic claims on my behalf.

Patient or Parent/Guardian Signature: _____Date: _____