Waverley
DENTAL CENTRE

## Patient Information

Last Name_____ First Name_____
Please print Please print

Address_____

Postal Code _____ Email Address_____

Phone – Home _____ Cell _____ Office_____

Employer: _____

Person responsible for Account _____

Date of Birth _____Age _____Sex_____

Personal Physician_____ Address_____

**It is clinic policy that fees are due and payable as treatment is provided. We will aid you in the proper completion of your insurance claim form.**_____
Signature Date

## Consent to treatment and permit for operations

This is to certify that I, the undersigned, consent to the performing of the dental and oral surgery procedures agreed to be necessary or advisable, including the use of sedation or local anesthetic as indicated and I will assume responsibility for the fees associated with those procedures. I also consent to receive emails and other electronic exchanges such as dental appointment reminders, appointment confirmations, newsletters, publications, announcements, invitations and other news or information from Waverley Dental Centre.

_____ _____
Signature Date

**Dr. Lori Simoens** BSc, DMD [1,2] | **Dr. Kelly Regula** DMD, PhD [1,3]
(204) 261-7374 (204) 261-4046 15-1325 Markham Rd., Winnipeg, MB R3T 4J6 waverleydental.ca
Services are provided through (1) Waverley Dental Corporation, (2) Dr. Lori Simoens Dental Corporation, (3) Kelly Regula Dental Corporation

Waverley DENTAL CENTRE

## Medical History

The following information is required to thoroughly diagnose any condition and to give the highest possible standard of professional services. All information will be kept strictly confidential.

Please Circle

1. Are you now under the care of a physician or have you been in the last 2 years? (E.g. regular physicals or specific conditions). Please explain._____ yes no
2. Have you ever had any serious illness or operation? If so, please explain. _____ yes no
3. Have you ever been hospitalized? If so, please explain._____ yes no
4. Are you taking any drugs or medicine or have you been in the last 6 months? If so, what?_____ yes no
5. Have you taken steroids (cortisone) within the past 2 years? If so, please explain. _____ yes no
6. Have you had surgery, radiation, or chemotherapy for a tumor or growth? _____ yes no
7. Do you have any allergies? Or have you reacted adversely to any drugs or medicine? E.g. local anaesthetic (freezing), penicillin, erythromycin, or other antibiotic, barbiturates, sedatives, analgesics (pain killers) others? If so, please explain._____ yes no
8. Do you or have you had any of the following diseases or problems:

**Hematology**

a) prolonged bleeding with a simple cut or with tooth extraction..... yes no
b) blood transfusion..... yes no
c) a tendency to bruise easily..... yes no
d) any blood disorder such as hemophilia, anemia etc..... yes no

**ENT**

a) injury to head, face or jaws..... yes no
b) frequent headaches..... yes no
c) sinus trouble or nasal congestion..... yes no

**Cardio-respiratory**

a) rheumatic fever or rheumatic heart disease..... yes no
b) heart attack or heart trouble..... yes no
c) high or low blood pressure, arteriosclerosis..... yes no
d) congenital heart disease..... yes no
e) heart murmur..... yes no
f) shortness of breath, or chest pains (circle) ..... yes no
g) asthma, hay fever, skin rash (circle)..... yes no
h) tuberculosis..... yes no
i) Chronic bronchitis or emphysema..... yes no
j) Do you smoke? Quantity _____ yes no

**G.I.**

a) hepatitis, jaundice or liver disease..... yes no
b) stomach ulcer..... yes no
c) kidney or bladder trouble..... yes no
d) venereal disease..... yes no

**Please turn over** ➡

**Dr. Lori Simoens** BSc, DMD [1,2] | **Dr. Kelly Regula** DMD, PhD [1,3]
(204) 261-7374 (204) 261-4046 15-1325 Markham Rd., Winnipeg, MB R3T 4J6 waverleydental.ca
Services are provided through (1) Waverley Dental Corporation, (2) Dr. Lori Simoens Dental Corporation, (3) Kelly Regula Dental Corporation

**Neurological, musculoskeletal**

a) Have you ever had a stroke?..... yes no
b) tendency to faint..... yes no
c) convulsions or seizures?..... yes no
d) numbness or tingling in any part of the body..... yes no
e) Are you under any tension (business, social)?..... yes no
f) arthritis..... yes no

**Endocrine – metabolic**

a) thyroid..... yes no
b) Has your weight changed more than 10 lbs. In the past 6-12 months?..... yes no
c) diabetes..... yes no
9. Do you have any disease or problem not listed above that you think may be important? Please explain _____ yes no

_____

10. To the best of your knowledge have you ever come into contact with A.I.D.S or hepatitis? If yes, please explain yes no

_____

11. Women Only: a) Are you pregnant? yes no
If so, expected delivery date _____
b) Are you taking any special medications? E.g. oral contraceptives? _____ yes no

## Dental History

1. Last Dental Visit? _____
2. Have you ever had periodontal therapy (e.g. gum disease treatment; grafting)? _____
3. Have you ever had orthodontic treatment (e.g. braces)? _____
4. Have you ever had endodontic treatment (e.g. root canal therapy)? _____
5. How often do you brush? _____
6. Other homecare dental appliances (e.g. nightguard, denture)? _____
7. Do you have a) bleeding gums, b) swollen gums, c) receding gums, d) loose teeth, e) other _____
8. When did you last have your teeth cleaned? _____
9. Are you interested in learning how to take better care of your teeth? _____
10. Are you dissatisfied with the appearance of your teeth? _____
11. Have you had complications associated with previous dental treatment? _____
12. When did you last have dental radiographs/X-rays? _____
13. Have you previously needed premedication to have dental treatment? _____
14. Have you ever been treated for problems of your jaw or facial muscles? _____
15. Have you had wisdom teeth extracted? _____ by whom? _____ when? _____
16. What dental condition concerns you at present? _____

_____

**Dr. Lori Simoens** BSc, DMD [1,2] | **Dr. Kelly Regula** DMD, PhD [1,3]
(204) 261-7374 (204) 261-4046 15-1325 Markham Rd., Winnipeg, MB R3T 4J6 waverleydental.ca
Services are provided through (1) Waverley Dental Corporation, (2) Dr. Lori Simoens Dental Corporation, (3) Kelly Regula Dental Corporation