

NEW PATIENT MEDICAL FORM

Bright Dental Centre

Family, Cosmetic and Implant Dentistry

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Email: info@brightdentalcentre.com

Patient Name: _____ Prefer to be called: _____

Date of birth(D/M/Y): _____

Address: _____

City/Province: _____ Postal Code: _____

Tel Contact Home: _____ Mobile: _____

Work/ Others: _____

E-mail: _____

Emergency Contact Number: _____ Name/ Relationship: _____

Name of Physician: _____ Number: _____

Previous Dentist: _____ Number: _____

Employer/ School: _____ Occupation: _____

How did you hear about us?

- Referral – Patient
- Referral - Staff
- Referral – Doctor
- Referral – 123Dentist office
- Referral - OpenCare.com
- Referral - Sunlife/Lumino Health
- Online Search (Google, Bing)
- Facebook
- Instagram
- 123Dentist.com website
- 24/7 Dental Emergency Line (BC only)
- Student Network
- Newspaper
- Maildrop/Flyer
- Radio Advertising
- TV Advertising
- Bus Advertising
- Local Sponsorship
- Signage (outside)
- Signage (inside the mall, if applicable)
- Elevator Ads (if applicable)
- Other (explain)

Insurance Information

Primary Insurance

Subscriber: _____
Relation: () Self () Spouse () Child
InsuranceCo: _____
Policy/Plan#: _____
SubscriberI.D#: _____

Secondary Insurance

Subscriber: _____
Relation: () Self () Spouse () Child
InsuranceCo: _____
Policy/Plan#: _____
SubscriberI.D#: _____

Medical History

The following information is required to enable us to provide you with the best possible dental treatment. All information is strictly private, and is protected by doctor-patient confidentiality.

- Are you being treated for any medical physical & mental condition at the present or have you been treated within the past year? If yes, why? _____
- When was your last medical check-up? (DD/MM/YYYY) _____
- Have there been any changes in your general health in the past year? If yes, please explain. _____
- Are you taking any medications OR non-prescribed drugs? If yes, please list: _____

- Do you have any allergies? If you answered yes, please list below: _____

- Have you ever had a peculiar or adverse reaction to any medicines or injections? YES / NO. If yes, please explain: _____
- Do you have or have you ever had asthma? YES / NO If yes, type of puffer: _____
- Do you have or have you ever had any heart or blood pressure problems? YES / NO
- Do you have a replacement or repair of a heart valve, an infection of the heart (i.e. infective endocarditis), a heart condition from birth (i.e. congenital heart disease) or a heart transplant? YES / NO
 - Have you ever had hepatitis, jaundice or liver disease? YES / NO If yes, which type of hepatitis? _____
- Do you have an artificial joint? YES / NO If yes, please explain: _____
- Have you ever been advised by your doctor to take antibiotics before every dental treatment? YES / NO If yes, please state name of PreMed and last prescribed: _____

- Do you have a bleeding problem or bleeding disorder? YES / NO If yes, please explain: _____

- Have you ever been hospitalized for any illness or operations? YES / NO If yes, please explain: _____
 - Do you have any conditions or therapies that could affect your immune system, (e.g. leukemia, AIDS, HIV infection, radiotherapy, chemotherapy?) YES / NO If yes, please explain: _____

- When was your last dental visit: _____

Do you have or have you ever had any of the following? Please circle

Alzheimer's	Epilepsy or Seizures	Parkinson's Disease
Angina	Fibromyalgia	Radiation/ Chemotherapy
Anemia	Head/ Neck Injury	Rheumatic Fever
Arthritis	Heart Attack	Sexually Transmitted
Anxiety	Heart Murmur	Infection
Blood Transfusion	High/ Low BloodPressure	Shortness of Breath
Cancer	Hodgkin's Disease	Steroid Therapy
Chest Pain	Hypo/ Hyperglycemia	Stomach Ulcers
Cold Sores	Kidney Disease	Stroke
Diabetes Type 1 or 2	Lung Disease	Thrush
Digestives Disorders/Acid	Lupus	Thyroid Disorder
Reflux	Migraines	TMJ Disorder
Depression	Mitral Valve Prolapse	Tuberculosis
Drug/AlcoholDependencyE	Osteoporosis	Schizophrenia
mphysema	Pacemaker	Scarlet or Rheumatic Fever

Are there any disease or medical problems that run in your family? (e.g. diabetes, cancer or heart disease) YES / NO / NOT SURE

If yes, please explain: _____

Do you smoke or chew tobacco products? YES / NO

If yes, please explain: _____

Are you nervous during dental treatment? YES / NO

For women only:

Are you pregnant or breast-feeding? YES NO

If pregnant, what is the expected delivery date? _____

PATIENT CONSENT FORM:

FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Privacy of your personal information is an important part of our office providing you with the best dental care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information. It is important to us to provide this service to our patients. In this office, Bright Dental Centre acts as the Privacy Information Officer. All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information.

Attached to this consent form, we have outlined what our office is doing to ensure that:

- only necessary information is collected about you;
- we only share your information with your consent;
- storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols;
- our privacy protocols comply with privacy legislation, standards of our regulatory body - The Royal College of Dental Surgeons of Ontario, and the law.

Please feel free to discuss our policies with any team member of our office. Please be assured that every staff member in our office is committed to ensuring that you receive the best quality dental care.

How Our Office Collects, Uses and Discloses Patients' Personal Information

We understand the importance of protecting your personal information. To help you understand how we are doing that, we have outlined here how our office is using and disclosing your information. This office will collect, use and disclose information about you for the following purposes:

- to deliver safe and efficient patient care
- to identify and to ensure continuous high quality service
- to assess your health needs
- to provide health care
- to advise you of treatment options
- to enable us to contact you
- to establish and maintain communication with you
- to offer and provide treatment, care and services in relationship to the oral and maxillofacial complex and dental care generally
- to communicate with other treating health-care providers, including specialists and general dentists who are the referring dentists and/or peripheral dentists
- to allow us to maintain communication and contact with you to distribute health-care information and to book and confirm appointments
- to allow us to efficiently follow-up for treatment, care and billing
- for teaching and demonstrating purposes on an anonymous basis
- to complete and submit dental claims for third party adjudication and payment
- to comply with legal and regulatory requirements, including the delivery of patients' charts and records to the Royal College of Dental Surgeons of Ontario in a timely fashion, when required, according to the provisions of the Regulated Health Professions Act
- to comply with agreements/undertakings entered into voluntarily by the member with the Royal College of Dental Surgeons of Ontario, including the delivery and/or review of patients' charts and records to the College in a timely fashion for regulatory and monitoring purposes
- to permit potential purchasers, practice brokers or advisors to evaluate the dental practice
- to allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale
- to deliver your charts and records to the dentist's insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- to prepare materials for the Health Professions Appeal and Review Board (HPARB)
- to invoice for goods and services
- to process credit card payments
- to collect unpaid accounts
- to assist this office to comply with all regulatory requirements
- to comply generally with the law.

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) for the purposes of the Royal College of Dental Surgeons of Ontario fulfilling its mandate under the RHPA, and for the defense of a legal issue.

Bright Dental Centre will not under any conditions supply your insurer with your confidential medical history. In the event this kind of a request is made, we will forward the information directly to you for review, and for your specific consent. When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate. You may withdraw your consent for use or disclosure of your personal information, and we will explain the ramifications of that decision, and the process.

Patient Consent

I have reviewed the above information that explains how your office will use my personal information, and the steps your office is taking to protect my information. I agree that Bright Dental Centre can collect, use and disclose personal information about , as set out above in the information about the office's privacy policies.

Signature

Print Name

Date

Witness Signature

Missed Appointments

Bright Dental Centre understands that patients are very busy and that everyone's time is precious. Bright Dental Centre tries as much as possible to respect the time of their patients. Due to unforeseen emergencies, the waiting time may vary. We ask that you arrive on time for your appointment. Therefore, if you arrive late for your appointment, if time permits, you will be seen, otherwise the receptionist will offer you another appointment.

If you cannot come to your appointment, please call to let us know **48 business hours in advance** is required if you wish to cancel your appointment. If you fail to notify us, you will be charged \$75 for a hygiene appointment and \$100 for a dentist appointment.

(Patient and/or Guardian)

Date: _____