



WELCOME TO THE OFFICE OF
DR. DENNIS DIONNE

Patient's Name: _____

Age: _____ Birth date: _____ (M/D/YR)

Address: _____ City: _____

Postal Code: _____ Home Phone #: _____ Work Phone #: _____

Parent email: _____ Patient email: _____

Family Dentist: _____ Referred by: _____

Who is responsible for paying the bill? _____

Birth date: _____ Driver's License: _____ SIN: _____

Address: same as above OR _____ City: _____

Postal Code: _____ Home Phone #: _____ Work Phone #: _____

Any other family members currently a patient in our office? _____

Main reason you are seeking treatment: _____

DENTAL HISTORY:

Last time seen by family dentist? _____ Do any cavities exist? Y/N

Any history of blows/trauma to the face? _____

Do you know of any missing/extra permanent teeth? Y/N

Are there any sores, lumps, or irritated areas in the mouth? Y/N

Are there any speech problems? Y/N

Do any oral habits exist? ___thumb sucking ___teeth grinding
 ___nail biting ___mouth breathing

Has the patient had previous orthodontic treatment? _____

Does the patient have any TMJ (jaw joint) problems? Y/N If yes, explain: _____

Is there anything the patient would like to change about his/her smile? Y/N

If so, what? _____

MEDICAL HISTORY

Patient's Medical Doctor: _____

Is the patient's general health good at this time? Y/N

Is the *patient* under the care of a physician at this time? Y/N

If yes, explain: _____

Is the patient taking any medication at this time? Y/N

Name: _____

Any allergies? Y/N If yes, what? _____

Has the patient had tonsils and/or adenoids removed? Y/N

Age: _____

Has the patient ever been advised by their physician to take an antibiotic prior to any dental treatments? Y/N

If yes, antibiotic name: _____

Does the patient smoke? Y/N

Any history of heart trouble, rheumatic fever, etc? Y/N

If yes, explain: _____

Any other medical conditions the doctor should be aware of? Y/N

If yes: _____

DATE: _____

SIGNATURE: _____

SIGNATURE: _____

Dennis G. Dionne
D.D.S., Cert. Ortho., FRCDC(C)

IF ANY OF THIS INFORMATION EVER CHANGES, PLEASE INFORM US.

Thank You!!

We would like to know you better so we can be friends.

Won't you please tell us about yourself?

Name: _____

But you can call me...

Things I like to do:

Pets / Names and Kinds:

Favourite Sports / Activities:

Favourite Music / Groups:

My teeth really bug me because...

The BEST thing that ever happened to me...

Favourite TV Shows / Movies:

Hobbies / Interests / Collections:

