

New Patient Intake

231 – 2 Avenue
Strathmore, AB T1P 1L4
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Email: valleydentalstrathmore@hotmail.com

Name: _____ Date of Birth: _____ A.H.C. #: _____

Home Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact Name: _____ Cell phone: _____

If Patient is a minor, name of parent / guardian: _____ Phone (if different from above): _____

Current Dentist: _____

How did you hear about us: Word of mouth Facebook Internet search / Website Family / Friend Other _____

Medical Physician: _____ Are you presently being treated by a physician? _____

Are you taking any medications now? _____ If yes, please list: _____

Do you have any allergies (medications/drugs/food): Y / N If yes, please list: _____

DO YOU NOW HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

- | | | |
|---|---|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Heart Ailments | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Radiation Treatment |
| <input type="checkbox"/> Asthma or Hay Fever | <input type="checkbox"/> Hepatitis A, B, or C | <input type="checkbox"/> Respiratory Disease |
| <input type="checkbox"/> Blood Disease | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Rheumatic Fever or
Rheumatic Heart Disease |
| <input type="checkbox"/> Bone Disease | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Cancer - Type: _____ | <input type="checkbox"/> Immune Disorder | <input type="checkbox"/> Sinus Trouble |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Joint Replacement | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Surgery - When: _____ |
| <input type="checkbox"/> Excessive Bleeding | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Tumors or Growths |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Nervous Disorders | |
| <input type="checkbox"/> Tuberculosis | | |

Women: Are you pregnant? Y / N / Possibly **Please inform our office if you become pregnant prior to or during the course of treatment.**

PRESENT SYMPTOMS:

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Acute |
| <input type="checkbox"/> Heat | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Cold | <input type="checkbox"/> Mild |
| <input type="checkbox"/> Sweet | <input type="checkbox"/> Constant |
| <input type="checkbox"/> Relieved by Cold | <input type="checkbox"/> Intermittent |
| <input type="checkbox"/> Apical Palpation | <input type="checkbox"/> Interferes with Sleep |
| <input type="checkbox"/> Pressure | <input type="checkbox"/> Interferes with Eating |
| <input type="checkbox"/> Unstimulated/Spontaneous | <input type="checkbox"/> Needs Pain Medication |
| <input type="checkbox"/> Swelling | <input type="checkbox"/> Is there any relief and what helps? _____ |

Are you taking any pain medication? _____ If yes, please list: _____

- To the best of my knowledge all of the preceding answers and information provided are true, complete and accurate.
- I grant permission to you and your assignees to telephone me to discuss matters related to this form.
- I understand that this information is held in the strictest confidence and it is my responsibility to inform the office of any changes to my medical or dental history.

Signature

Date

Printed Name

DENTAL OFFICE PERSONAL INFORMATION CONSENT

Privacy Act Information

We are committed to protecting the privacy of our patients' personal information and to utilizing all personal information in a responsible and professional manner. This document summarizes some of the personal information that we collect, use and disclose. In addition to the circumstances in this form, we also collect, use and disclose personal information when permitted or required by law.

We collect information from our patients such as names, home addresses, work addresses, home telephone numbers, work telephone numbers and e-mail addresses. (Collectively referred to as "Contact Information".) Contact information is collected and used for the following purposes:

- To open and update patient files
- To invoice patients for dental services, to process credit card payments, or to collect unpaid accounts
- To process claims for payment or reimbursement from third party health benefit providers and insurance companies
- To send reminders to patients concerning the need for further dental examination or treatment
- To send patients informational material about our dental materials
- To follow up with treatment and/or customer services

Contact information is disclosed to third party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement or payment of all or part of the cost of dental treatment or has asked us to submit a claim on the patient's behalf.

Financial information may be collected in order to make arrangements for the payment of dental services. We collect information from our patients about their health history, their family health history, physical condition, and dental treatments. (Collectively referred to as "Medical Information".) Patients' Medical Information is collected and used for the purpose of diagnosing dental conditions and providing dental treatment.

Patients' Medical Information is disclosed for the following purposes:

- To third party health benefit providers and insurance companies where the patient has submitted a claim for reimbursement or payment of all or part of the cost of dental treatment or has asked us to submit a claim on the patient's behalf
- To other dentists and dental specialists where we are seeking a second opinion and the patient has consented to us obtaining the second opinion
- To other dentists and dental specialists if the patient, with their consent, has been referred by us to the other dentist or dental specialist for treatment
- To other dentists and dental specialists where those dentists have asked us, with the consent of the patient, to provide a second opinion
- To other health care professionals, such as physicians, if the patient, with their consent, has been referred by us to the other health care professional for either a second opinion or treatment

If we are ever considering selling all or part of our dental practice, qualified, potential purchasers may be granted access, as part of the due diligence process, to patient information in order to verify information important to the potential sale. If this occurs, we will take steps to ensure that the prospective purchaser safeguards all personal information.

Dentists are regulated by the Alberta Dental Association and College, which may inspect our records and interview our staff as part of its regulatory activities in the public interest.

Signature

Date

INSURANCE INFORMATION

Insurance Information (or you may provide your insurance card for us to copy and keep on file)

If your plan does not allow direct payment to the Dentist, you are responsible to pay for your treatment in full on the date of service.

Primary Plan - For children, the parent whose birth month comes first in the year is Primary plan

Insurance Company: _____ Group #: _____

ID or Certificate #: _____ Employer/Company Name: _____

Subscriber/Policy Holder's name: _____ Subscriber Date of Birth: _____

Secondary Plan

Insurance Company: _____ Group #: _____

ID or Certificate #: _____ Employer/Company Name: _____

Subscriber/Policy Holder's name: _____ Subscriber Date of Birth: _____

YOUR DENTAL INSURANCE



Canadian
Dental
Association
L'Association
dentaire
canadienne

Many of us have dental plans available to us through our employers. These dental prepayment plans are referred to as "dental insurance" but they are not really insurance. They are a prepayment of benefits for a portion of the fees for dental services. More often than not, we do not know the specifics of these plans and we assume that the details are cut and dry.

One very important thing to note is that not all dental plans are the same. You should be aware that dental plans are actually a way whereby your employer prepays all or a portion of the costs of your dental care in advance, as part of your compensation package. It is also important to remember that dental plan coverage is not a form of insurance.

Alberta dentists have always been able to set their own fees, for the services they provide, based on their individual practice situation. The Alberta Dental Association and College has also provided practice management information and courses to dentists, to help them in determining costs and how to set fees. These fees are to be based on an individual dentists review of cost factors, such as the time needed to provide a service, the value of that service to the patient and the overhead costs of staff, materials, rent, loans, bank financing, insurance, and utilities among others. The fee should not be based on whether or not the patient has a dental plan, insurance or what fee the carrier of the dental plan will pay. Decisions on dental plans are usually made during meetings with employers or plan sponsors and employees. Dental plan carriers use different means, such as the ADA&C's Annual Survey of Dental Fees in Alberta, in setting the level of payment of covered services. Some plan carriers are still not paying their clients the updated level of fees based on the current "Survey of dental Fees in Alberta".

Try to get as much data as you can from your company or organization's plan administrator or carrier before visiting the dentist. As there are dozens of companies selling dental plans, you cannot expect dentists and dental office staff to know about your plan and the coverage that you carry. Dental offices are not agents or brokers for any dental plan carrier.

If you have concerns with the level of payment or coverage your dental plan carrier is giving you for services you should inform your human resource officer, union leader or employer. These are the people who work out the dental contract with your carrier and they may not be fully aware of your concerns.

It is unlikely that any dental plan would cover every service that you may need. But to leave the choice of your dental treatment to only what is covered in your dental plan, rather than what you and your dentist feel is appropriate, leaves your dental health and general well-being in the hands of your plan carrier instead of you and your dentist.