**Forest Lawn Denture Clinic**

**#16 3012 17 Ave S.E.**

**Office Use Only**

**Medical History Alert Numbers**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dental History Alert Numbers**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Calgary, Alberta T2A-0P9**

|  |
| --- |
| **Personal Information: Please Print or place an “X” into the appropriate box(es)** |
|  **Date:**  |  |
|  | **MM/DD/YYYY** |
| Name: |       |
|  | Last | First  | Second | Used |
|  |
| Date of Birth |       | Gender: | [ ]  Female [ ]  Male |  |
|  | MM/DD/YYYY |  |  |  |
| Home Address: |       | Home Phone: |       |
|  |
| City: |       |  | Work Phone: |       |
|  |
| Province: |       |  |  |
|  |
| Postal Code: |       |  | Cellular Phone: |       |
|  |  |  |  |  |
| Home Email: |       |  | Work Email: |       |
|  |
| Physician: |       | Phone: |       |
|  |  |  |  |  |
| Dentist: |       | Phone: |       |
|  |  |  |  |  |
| Previous Denturist: |       | Phone: |       |
|  |  |  |  |  |
| Hygienist: |       | Phone: |       |
|  |  |  |  |  |
| Referred by: |       | Profession/Relation:      | Phone: |       |
|  |  |  |  |  |
| Legal Guardian (if applicable):  |       | Contact Number: |       |
|  |  |  |  |  |
| In Case of Emergency, contact:  |       | Contact Number: |       |
| Relationship: |       | Cellular Number: |       |
|  |  |  |  |  |
| Your Occupation: |       |  |
|  |
| Your Living Environment: | Do you require medical devices or equipment such as oxygen, walker, cane, etc? ……… | [ ]  Yes | [ ]  No |
|  | If yes, please describe: |       |
|  |
| Your Personal Accommodation | [ ]  Private Residence | [ ]  Multifamily dwelling | [ ]  Assisted Living | [ ]  Nursing Home  |
|  |  |  |  |  |
| Individual Responsible For Account: | [ ]  Patient | [ ]  Guardian |  |
|  | [ ]  Insurance & Patient | [ ]  Insurance & Guardian |
| (For insurance, complete an insurance information form) |