Nova Dental Care

Unit 220, 4620 Bow Trail SW, Calgary, AB, T3C 2G6

(587) 885 – 3898

www.novadentalcare.ca

NEW PATIENT REGISTRATION FORM

Date:		
PATIENT INFORMATION		
Last Name:	First Name:	
Preferred Name:		
Address:		Postal Code:
Date of Birth:	AB/Provincial Health Card NO:	
Gender: Male		
CONTACT INFORMATION:		
Home #	Email Address:	
Cell #		
Work #		
Mailing Address:		
Billing Address (if different from Mailing address):		
Emergency Contact:		
Emergency Contact Phone #		
INSURANCE		
Do you have dental Insurance Coverage: Yes		
If **Yes**, please specify insurance company/provider:		
ID Number:	Group/ Policy Number:	
Primary insured member's name (if different from patient):		
Primary Insured Date of Birth (if different from patient):		
Relationship to the Patient:		
Is the treatment due to an accident: Yes		
If **Yes**, Date of Accident:		
Explain:		
ALLERGIES: (PLEASE SELECT ALL THAT APPLY)		
☐ Acetaminophen/ Tylenol	☐ Acrylic	☐ Aspirin
☐ Codeine	☐ Demerol	☐ Erythromycin
☐ Fluoride	☐ Food	☐ Hay Fever/ Seasonal
☐ Ibuprofen/ Motrin/Advil	☐ Iodine	☐ Latex
☐ Local Anesthetic	☐ Metals	☐ Morphine
☐ Penicillin	☐ Pets	☐ Sulfa
☐ Tetracycline	☐ Other (Please specify):	

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Medical Conditions:		
☐ Abnormal/Excessive Bleeding	☐ AIDS or HIV Infection	☐ Alzheimer's/ Dementia
☐ Anemia	☐ Angina	☐ Anxiety
☐ Arteriosclerosis	☐ Arthritis	☐ Asthma
☐ Autoimmune Disease	☐ Breathing Problems	☐ Respiratory Disease
☐ Bronchitis	☐ Cancer/ Chemotherapy/ Radiation Treatment	☐ Cardiovascular Disease
☐ Chest Pains Upon Exertion	☐ Chronic Pain	☐ Congestive Heart Failure
☐ Damaged Heart Valves	☐ Diabetes	☐ Dizziness
☐ Eating Disorder	☐ Emphysema	☐ Epilepsy
☐ Fainting Spells	☐ Seizures	☐ Fear of Needles
☐ Frequent Headaches	☐ Gastrointestinal Disease	☐ G.E Reflux/ Heartburn
☐ Glaucoma	☐ Gout	☐ Hard to Freeze
☐ Hearing Difficulties	☐ Heart Attack	☐ Heart Murmur
☐ Heart Rhythm Disorder	☐ Hemophilia	☐ Hepatitis
☐ Jaundice or Leaver Disease	☐ High Blood Pressure	☐ Joint Replacement
☐ Kidney Disease	☐ Low Blood Pressure	☐ Low Pain Tolerance
☐ Malnutrition	☐ Multiple Sclerosis	☐ Neurological Disorder
☐ Night Sweats	☐ Osteoporosis / Paget's Disease	☐ Congenital Heart Defects
☐ Pacemaker	☐ Persistent Swollen Glands in Neck	☐ Physical Challenges
☐ Pregnant/Nursing	☐ Pre-Medication	☐ Psychiatric Care
☐ Recurrent Infections	☐ Rheumatic Fever	☐ Rheumatic Heart Disease
☐ Rheumatism	☐ Rheumatoid Arthritis	☐ Severe Headaches/ Migraines
☐ Severe or Rapid Weight loss	☐ Sexually Transmitted Infection (STI)	☐ Sinus Trouble
☐ Stroke	☐ Systematic Lupus Erythematosus	☐ Thyroid Problems
☐ TMJ Disorder	☐ Tuberculosis	☐ Tumors or Growths
☐ Have you ever taken FosaMax®, Boniva®, Actonel® or other medications containing Bisphosphonates		☐ Do you Smoke/ Wear a Nicotine Patch
☐ Ulcers	☐ other:	

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☐ Medications (please list):

Patient Signature: _____ Date: _____