NOVA
DENTAL
ASSOCIATES
INCORPORATED

447 Sackville Drive
Lower Sackville, NS
B4C 2S1

Name: _____ Age: _____

Family Doctor's Name: _____

Most recent Physical: _____ Purpose: _____

Your estimate of your overall general health? Poor ○ Fair ○ Good ○

HAVE YOU EVER HAD THE FOLLOWING? :

ALLERGIC REACTION TO:

- ○ Aspirin
- ○ Acetaminophen
- ○ Erythromycin
- ○ Codeine
- ○ Fluoride
- ○ Latex
- ○ Ibuprofen
- ○ Penicillin
- ○ Sulfa Drugs
- ○ Tetracycline
- ○ Local Anesthetic
- ○ Metals (ie. Gold, Stainless Steel)
- ○ Other:_____

- ○ Alcohol/Drug Dependency
- ○ Anemia or other blood disorders
- ○ Antidepressant medication
- ○ Arthritis
- ○ Artificial Prosthesis
- ○ Asthma
- ○ Chemotherapy
- ○ Cancer (Type: _____)
- ○ Diabetes
- ○ Emotional Problems
- ○ Emphysema
- ○ Epilepsy
- ○ Glaucoma
- ○ Head or neck injury
- ○ Heart Murmur
- ○ Heart Problems
- ○ Hepatitis (Type: ___)
- ○ High Blood Pressure
- ○ High Cholesterol
- ○ HIV/AIDS
- ○ Hives, Skin Rash, Hay Fever
- ○ Hormone Deficiency
- ○ Jaundice
- ○ Kidney Disease
- ○ Liver Disease
- ○ Low Blood Pressure
- ○ Lumps or swilling in mouth
- ○ Prolonged bleeding due to slight cut
- ○ Psychiatric Treatment
- ○ Radiation Therapy
- ○ Rheumatic Fever
- ○ Scarlet Fever
- ○ Sinus Problems
- ○ Stomach Ulcer
- ○ Stroke
- ○ Thyroid Disease
- ○ Tuberculosis
- ○ Tumor/Abnormal Growth
- ○ Viral Infections/Cold Sores
- ○ Hospitalization for Injury or Illness

ARE YOU CURRENTLY:

- ○ Presently being treated for any illness
- ○ Aware of a change in your health
- ○ Often exhausted or fatigued
- ○ Subject to frequent headaches
- ○ A heavy smoker
- ○ Often unhappy or depressed
- ○ Easily upset or irritated
- ○ FEMALE – Pregnant
- ○ MALE – Prostate Disorders

Please describe any current medical treatment, impending surgery, or other treatment that you are undergoing:

_____

_____

List any medications, herbal supplements, and/or vitamins taken within the last two years:

_____

_____

_____

_____

PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING

Signature: _____ Date: _____