SUNSHINE DENTAL CARE				
PATIENT INF	ORMATIO	N		
ADULT CHILD ADULT UNDER GU	ARDIANSHIF		NAMEC	DF GUARDIAN
(First) (Last)				
Home Address (City)			Province)	(Postal Code)
Home Phone (Cellular Phor	ie		
Date of Birth Age	_ Sex*	N	larital St	tatus
Family Physician		P	hone	
Medical Specialist (If Presently Under Care)		P	hone	
OCCUP	ATION			
Employed By	_ Phone			Ext
Spouse Employed By	– Phone –			Ext
PERSON RESPONSIE	BLE FOR A	CCOUN	п	
Self Other Name				
Address				
Business Phone				
IN CASE OF E	MERGENC	Y		
Please Notify	_ Relations	nip		
Address				
Home Phone Busine	ss Phone 📖			Ext
Is any other member of your family or relative a patient at ou	ur office?			
REASON FOR T	ODAY'S VI	SIT		
Examination Emergency Other				
Who may we thank for referring you to our office?				
MEDICAL				
	NO	NS	YES	
Please check YES or NO, If not sure check NS. Are you presently under Doctor's Care?*				
When was your last complete physical examination?*				_
Are you currently in good health?*				_
Do you smoke?* How many a day? For how long?				_
Do you use recreational drugs? *				
Are you presently taking any medication, pills or drugs?*				If YES, list them here.
Have you had any type of surgery?*				

Have you been hospitalized in the past two years?*			
Have you ever taken cortisone/steriod medication?*			
Medications:			