

Embrace Life. Smile!

Dr. Peter G. Duncan Inc.

Certified Specialist in Orthodontics

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Victoria, BC

CANADA V8N 1A4

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Confidential when completed

PATIENT NAME

Male

Female

Date of Birth (day, month, year)

Dentist

Physician

Address

City

Postal Code

E-mail

Home phone

Work phone

Cell phone

Referred by:

Family/Friend

Dentist

Web page/Internet

Social Insurance #

Employer

Are you covered by orthodontic insurance? YES

NO

If yes, please list plan holder's name(s)

MEDICAL HISTORY

Are you generally healthy?

YES

NO

Check if you have been treated for any of the following conditions:

Diabetes

Tuberculosis

Pneumonia

Anemia

Prolonged bleeding

Heart problems

Bone problems

Rheumatic fever

Asthma

Endocrine problems

Kidney problems

Nervous problems

AIDS

Epilepsy

Liver problems

Fainting or dizziness

Do you require antibiotics *prior* to any dental work?

YES

NO

Are you taking any drugs and/or medications?

YES

NO

Are you allergic to any drugs and/or medications?

YES

NO

DENTAL HISTORY

Do you have any missing OR extra permanent teeth?

YES

NO

Have you ever injured your face, mouth or teeth?

YES

NO

Do you have any difficulty chewing foods?

YES

NO

Do you have any speech problems?

YES

NO

Was your last dental checkup *within* the last 6 months?

YES

NO

Do you have dental treatment pending?

YES

NO

Do you have other family members in orthodontic treatment?

YES

NO

Who initiated this appointment?

Me

Dentist

Other