



ERINGATE
DENTAL
CLINIC

UPDATED MEDICAL INFORMATION

NAME: Mr./Mrs./Miss/Ms./Dr.

1. Has there been any change in your health, such as serious illnesses, hospitalizations or new allergies?
If yes, please specify.

YES NO NOT SURE/MAYBE

2. Are you taking any new medications or has there been any change in your medications?
If yes, please specify.

YES NO NOT SURE/MAYBE

3. Have you had a heart murmur diagnosed or had any change in an existing cardiac problem or murmur?

YES NO NOT SURE/MAYBE

4. When was your last medical check-up?

5. Were any problems identified? If yes, please explain.

YES NO NOT SURE/MAYBE

6. **For women only:** Are you breast-feeding or pregnant? If pregnant, what is the expected delivery date?

YES NO NOT SURE/MAYBE

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...Good health to you and your household



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To the best of my knowledge, the above information is correct:

PATIENT/PARENT/GUARDIAN'S SIGNATURE:

DATE:

DENTIST'S SIGNATURE:

DATE:

UPDATED PHONE NUMBERS: HOME :

BUSINESS :

CELL :

E MAIL :

UPDATED INSURANCE INFORMATION: _____