269 - 1632 14 Ave NW, Calgary, AB T2N 1M7
Tel: (403) 282-1315 | Fax: (403)282-1354
http://www.DrRCDentistry.ca | rcdentalcalgary@gmail.com

Personal Information Update

First Name: _____ Last Name: _____ Preferred Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home: _____ Cell: _____ Business: _____

Email Address: _____

Emergency Contact

Name: _____ Relationship: _____ Phone Number: _____

Medical Condition - *Please check any that apply*

☐ Anemia	☐ Emphysema	☐ Head / Neck Injury	☐ Rheumatic Fever
☐ Angina	☐ Epilepsy / Seizures	☐ Herpes	☐ STD's, HIV, AIDS
☐ Asthma / Hay Fever	☐ Fainting / Dizziness	☐ Jaundice	☐ Sickle Cell
☐ Arthritis	☐ Glandular Disorder	☐ Kidney Disease	☐ Stroke
☐ Bronchitis	☐ Glaucoma	☐ Liver Disease	☐ Sinus Problems
☐ Blood Disorders	☐ Heart Attack	☐ Lung Disease	☐ Strep Throat
☐ Bowel Disease	☐ Headaches / Migraines	☐ Low Blood Pressure	☐ Scarlet Fever
☐ Cancer	☐ Hearing Impairment	☐ Lupus	☐ Snoring / Sleep Apnea
☐ Crohn's Disease	☐ Heart Murmur	☐ Lyme Disease	☐ Tumor / Growth / Ulcers
☐ Cortisone / Steroids	☐ Heart Pacemaker	☐ Mental Disorders	☐ Thyroid Disease
☐ Chronic Dry Mouth	☐ Heart Palpitations	☐ Mitral Valve Prolapse	☐ Tuberculosis
☐ Circulatory Problems	☐ Valve Replacement	☐ Medical Implant	☐ Tonsillitis
☐ Diabetes	☐ Hepatitis A / B / C / D	☐ Organ Transplant	☐ Endocrine Disorder
☐ Depression	☐ High Blood Pressure	☐ Osteoporosis	☐ Radiation Therapy
☐ Digestive Problem	☐ Hodgkin's Disease	☐ Psychiatric Treatment	☐ Hypertension
☐ **NONE**	☐ Other: _____		

Have you ever had an operation or surgery of any kind? ☐ No

If so, what was it and when? _____

Have you ever reacted adversely to or have been told not to take any medications or injections? ☐ No

If so, please list all: _____

Are you taking any prescription or non-prescription medication including herbal remedies or vitamins? ☐ No

If so, please list all: _____