



Vancouver Dental Care
1418 NE 78th Street
Vancouver, WA 98665
Phone: (360) 450-0075

New Patient Demographic Information

Patient Name: _____

Date of Birth: _____ Gender: _____

Parent or Guardian (if patient is a minor): _____

Relationship (if patient is a minor): _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Preferred method of contact: Email Home Phone

Address: _____

Emergency Contact: _____

Relationship to patient: _____

Emergency Contact phone number: _____



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New Patient Health History Form

Patient's Full Name: _____

Age: _____ Date of Birth: _____ Sex: _____

Weight: _____ Today's Date: _____

Does patient have any health problems? Y N

Is patient under the care of a physician now? Y N

Are you pregnant? Y N

If so, when is the approximate due date? _____

Has patient ever been hospitalized? Y N

Does patient bleed excessively when cut, or bruise easily? Y N

Has patient had emotional or mental problems? Y N

Has patient ever had any drug reactions? Y N

Has patient ever had local anesthetic? Y N

Has patient had any unfavorable dental experiences? Y N

Has patient had any injuries to the mouth or teeth? Y N

Does patient have a toothache today, or in the past month? Y N

Is patient allergic to any medications? Y N

Please list medications:



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Is patient allergic to any foods or drinks? Y N

Please list foods/drinks:

Does patient have environmental allergies? Y N

Is patient allergic to any materials used in a dental office (example, latex gloves, anesthetic, etc)?

Y N

Please list materials:

Does patient have a history of joint replacement? Y N

Please explain:

Does patient have any of the following habits? Thumb sucking, Tongue thrust, Mouth breathing, Snoring, Belching/Burping (please circle all that apply)

Please list prescription/ non prescription medication(s) being taken by the patient:

Last dental visit and frequency of visits: _____

Last dental cleaning: _____

Name / phone number of patient's physician: _____

Name / phone number of specialty medical care provider: _____



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Has patient ever had any history or difficulty with the following? If so, please circle all that apply.

- | | | |
|----------------------|---------------------|----------------------------|
| Cancer | Nervous Disorder | Malignancy |
| HIV | Kidney | Rheumatic Fever |
| Anemia Mononucleosis | Diabetes | Hydrocephaly / Shunts |
| Cystic Fibrosis | Convulsions | Smoking |
| Liver | Speech Problems | Rubella |
| Asthma | Skin Condition | Hemophilia |
| Hepatitis | Bladder | Thyroid |
| Cerebral Palsy | Mumps | High Blood Pressure |
| Sickle Cell Anemia | Tuberculosis | TMJ |
| Lung | Cleft Lip or Palate | Autism |
| Fainting | Developmental Delay | Heart Surgery |
| Seizures | Hearing | Heart Disease / Congenital |
| Spina Bifida | Measles | Defect |

Reason for Today's visit?

I certify that I am the patient or parent / guardian of the patient listed above and the information provided in this form is true and correct to the best of my knowledge. I also give my consent for my child or myself to receive a complete oral and dental examination (including any necessary x-rays) and dental cleaning. After consultation, I consent to all forms of treatment, medication and therapy indicated for the dental care of the above named patient. This consent shall remain in full force and in effect until cancelled by either party. I also understand that I am responsible for my patient portions left on my account.

Signature: _____ Relationship (if patient is a minor) _____

Dentist Signature: _____ Date: _____



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Dr. Tarek Fahmy
Dr. Ingy Aly

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of this office's Notice of Privacy Practices.

Signature: _____

Date: _____

For Office Use Only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, As required by law, but acknowledgement could not be obtained because:

- Individual refused to sign*
- Communication barriers prohibited obtaining the acknowledgement*
- An emergency situation prevented us from obtaining acknowledgement*
- Other Please Specify:*
