



CONFIDENTIAL QUESTIONNAIRE OF INTRODUCTION

No. Street	Last name			First name			Sex:	F	М)
Postal code										
Social Insurance No. [optional]										
E-mail										
For an emergency, contact Motive for visit You are less than 18 years old, indicate name of parent/guardian Medical history Weight										
Motive for visit. If you are less than 18 years old, indicate name of parent/guardian										
Medical history										
Medical history Weight									1rs. 🗆	
Weight Height Family doctor Yes No If so, why Telephone Extension 2. Please specify whether you are currently taking medication or have taken medication in the last six months: Reason Name of the medication Name of the doctor who prescribed it and telephone Extension 2. Please specify whether you are currently taking medication or have taken medication in the last six months: Reason Name of the medication Name of the doctor who prescribed it and telephone Specify 3. Are you presently taking natural or homeopathic products? 2. Leye problems 2. Extension 2. The products of the doctor who prescribed it and telephone 3. Are you presently taking natural or homeopathic products? 3. Deposition of the doctor who prescribed it and telephone 4. Extension 3. Deposition of the doctor who prescribed it and telephone 4. Extension 3. Deposition of the doctor who prescribed it and telephone 4. Deposition of the doctor who prescribed it and telephone 4. Deposition of the doctor who prescribed it and telephone 4. Deposition of the doctor who prescribed it and telephone 4. Deposition of the doctor who prescribed it and telephone 4. Deposition of the doctor who prescribed it and telephone 4. Deposition of the doctor who prescribed it and telephone 4. Deposition of the doctor who prescribed it and telephone 4. Deposition of the doctor who prescribed it and telephone 4. Deposition of the doctor who prescribed it and telephone 4. Deposition of the doctor who prescribed it and telephone 4. Deposition of the doctor who prescribed it and telephone 4. Deposition of the doctor who prescribed it and telephone 4. Deposition of the doctor who prescribed it and telephone 4. Deposition of the doctor who prescribed it and telephone 4. Deposition of the doctor who prescribed it and telephone 4. Deposition of the doctor who prescribed it and telephone 4. Deposition of the doctor who prescribed it and telephone 4. Deposition of the doctor who prescribed it and telephone 4. Deposition of the doctor who prescribed it and telephone 4. Deposition of	ii you are tess t	man to years olu, i	nuicate name or par	ent/guaruian					1r. 🗆	
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19. Thyroid problems	19. Thyroid prob	olems								





CONFIDENTIAL QUESTIONNAIRE OF INTRODUCTION

Medical history (continued)	Yes	No		Yes	No
40. Do you drink alcohol ?			42. Do you fear dental treatments ?		
No/A little ☐ In moderation ☐ A lot ☐			Not at all □ A little □ A lot □		
41. Were you ever hospitalized or have you undergone surgery other than dental ?			43.Is there anything concerning your health you wish to discuss privately with your dentist?		
If so, whyDate			Remarks		
Date					
Date					
Dental history					
_ast visit : 0-6 months □ 6-12 months □ 12 m	nonths +				
Freatments received					
Have you previously had dental treatments such as	Yes	No		Yes	No
Oral hygiene instructions			7. Partial or/and complete denture		
2. Gum treatment		0	8. Surgical treatment or extraction		
3. Orthodontic treatment 4. Root canal treatment			9. Dental implants 10.X-rays		
5. Dental fillings	0		11. Others		
6. Crown or/and bridge					
Signature of patient or guardian			Date		
For the physician's use only					
Precautions					
					<u>)</u>
For the physician's use only					
	estionna	ire a	and that I have taken the customary measures, as the case may be).	
Signature of the attending dentist			Date		