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Welcome to ALFIE Dentistry

Please take some time to fill out and read all of the pages in this booklet. Don't forget to bring it with you on you first visit. We are looking forward to you becoming one of our SmilingStars.

MEDICAL HISTORY QUESTIONNAIRE

Name: D.O.B.: (Day/Month/Year)

The following information is required to enable us to provide you with the best possible dental care. All information is strictly private, and is protected by doctor-patient confidentiality. The Dentist will review the questions and explain any that you do not understand. Please fill in the entire form.

1) Are you being treated for any medical condition at the present or have you been treated within the past year? If so, why? ☐Yes ☐No ☐Not Sure/Maybe

2) When was your last medical checkup? ☐Yes ☐No ☐Not Sure/Maybe

3) Has there been any change in your general health in the past year? If yes, please explain. ☐Yes ☐No ☐Not Sure/Maybe

4) Are you taking any medications, non-prescription drugs or herbal supplements of any kind? If yes, please list. ☐Yes ☐No ☐Not Sure/Maybe

5) Do you have any allergies? If you answered yes, please list using the categories below: ☐Yes ☐No ☐Not Sure/Maybe
   F) medications
   G) latex/rubber products
   H) other e.g. hayfever, foods

9) Have you ever had a peculiar or adverse reaction to any medicines or injections? If yes, please explain. ☐Yes ☐No ☐Not Sure/Maybe

10) Do you have or have you ever had asthma? ☐Yes ☐No ☐Not Sure/Maybe

11) Do you have or have you ever had any heart or blood pressure problems? ☐Yes ☐No ☐Not Sure/Maybe

12) Do you have or have you ever had a heart murmur, mitral valve prolapse or rheumatic fever? ☐Yes ☐No ☐Not Sure/Maybe

13) Do you have a prosthetic or artificial joint? ☐Yes ☐No ☐Not Sure/Maybe

14) Have you ever been advised by your doctor to take antibiotics before dental treatment? ☐Yes ☐No ☐Not Sure/Maybe

15) Do you have any conditions or therapies that could affect your immune system e.g. leukemia, AIDS, HIV infection, radiotherapy, chemotherapy? ☐Yes ☐No ☐Not Sure/Maybe

16) Have you ever had hepatitis, jaundice or liver disease? ☐Yes ☐No ☐Not Sure/Maybe

17) Do you have a bleeding problem or bleeding disorder? ☐Yes ☐No ☐Not Sure/Maybe

18) Have you ever been hospitalized for any illnesses or operations? If yes, please explain. ☐Yes ☐No ☐Not Sure/Maybe

19) Do you have or have you ever had any of the following? Please check. ☐Yes ☐No ☐Not Sure/Maybe

☐ chest pain angina	☐ shortness of breath	☐ lung disease	☐ steroid therapy	☐ thyroid disease
☐ heart attack	☐ prosthetic heart valve	☐ tuberculosis	☐ seizures (epilepsy)	☐ diet pill therapy
☐ stroke	☐ pacemaker	☐ cancer	☐ stomach ulcers	☐ arthritis
		☐ diabetes	☐ kidney disease	☐ drug/alcohol dependency

20) Are there any conditions or diseases not listed above that you have or have had? If so, what? ☐Yes ☐No ☐Not Sure/Maybe

21) Are there any diseases or medical problems that run in your family?(e.g. diabetes, cancer or heart disease) ☐Yes ☐No ☐Not Sure/Maybe

22) Do you smoke or chew tobacco products? ☐Yes ☐No ☐Not Sure/Maybe

23) Are you nervous during dental treatment? ☐Yes ☐No ☐Not Sure/Maybe

24) For women only: Are you breast-feeding or pregnant? If pregnant, what is the expected delivery date? ☐Yes ☐No ☐Not Sure/Maybe

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

Patient/Parent/Guardian Signature: Date:

FORM A

PATIENT CONSENT FORM: FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Privacy of your personal information is an important part of our office providing you with quality dental care. We understand the importance of protecting your personal information. We are committed to collecting, using and disclosing your personal information responsibly. We also try to be as open and transparent as possible about the way we handle your personal information. It is important to us to provide this service to our patients. In this office, Dr. Shirley Cheong acts as the Privacy Information Officer.

All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are all trained in the appropriate uses and protection of your information.

Attached to this consent form, we have outlined what our office is doing to ensure that:

- only necessary information is collected about you;
- we only share your information with your consent;
- storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols;
- our privacy protocols comply with privacy legislation, standards of our regulatory body, the Royal College of Dental Surgeons of Ontario, and the law.

Do not hesitate to discuss our policies with me or any member of our office staff. Please be assured that every staff person in our office is committed to ensuring that you receive the best quality dental care.

How Our Office Collects, Uses and Discloses Patients' Personal Information

Our office understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined here how our office is using and disclosing your information.

This office will collect, use and disclose information about you for the following purposes:

- to deliver safe and efficient patient care
- to identify and to ensure continuous high quality service
- to assess your health needs
- to provide health care
- to advise you of treatment options
- to enable us to contact you
- to establish and maintain communication with you
- to offer and provide treatment, care and services in relationship to the oral and maxillofacial complex and dental care generally
- to communicate with other treating health-care providers, including specialists and general dentists who are the referring dentists and/or peripheral dentists
- to allow us to maintain communication and contact with you to distribute health-care information and to book and confirm appointments
- to allow us to efficiently follow-up for treatment, care and billing
- for teaching and demonstrating purposes on an anonymous basis
- to complete and submit dental claims for third party adjudication and payment
- to comply with legal and regulatory requirements, including the delivery of patients'
- charts and records to the Royal College of Dental Surgeons of Ontario in a timely fashion, when required, according to the provisions of the Regulated Health Professions Act
- to comply with agreements/undertakings entered into voluntarily by the member with the Royal College of Dental Surgeons of Ontario, including the delivery and/or review of patients' charts and records to the College in a timely fashion for regulatory and monitoring purposes
- to permit potential purchasers, practice brokers or advisors to evaluate the dental practice
- to allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale
- to deliver your charts and records to the dentist's insurance carrier to enable the insurance company to assess liability and quantify damages, if any
- to prepare materials for the Health Professions Appeal and Review Board (HPARB)
- to invoice for goods and services
- to process credit card payments
- to collect unpaid accounts
- to assist this office to comply with all regulatory requirements
- to comply generally with the law

By signing the consent section of this Patient Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information for the purposes that are listed. If a new purpose arises for the use and/or disclosure of your personal information, we will seek your approval in advance.

Your information may be accessed by regulatory authorities under the terms of the Regulated Health Professions Act (RHPA) for the purposes of the Royal College of Dental Surgeons of Ontario fulfilling its mandate under the RHPA, and for the defense of a legal issue.

Our office will not under any conditions supply your insurer with your confidential medical history. In the event this kind of a request is made, we will forward the information directly to you for review, and for your specific consent.

When unusual requests are received, we will contact you for permission to release such information. We may also advise you if such a release is inappropriate.

You may withdraw your consent for use or disclosure of your personal information, and we will explain the ramifications of that decision, and the process.

Patient Consent

I have reviewed the above information that explains how your office will use my personal information, and the steps your office is taking to protect my information. I know that your office has a Privacy Code, and I can ask to see the Code at any time. I agree that **Yonge & Steeles Dental Care** can collect, use and disclose personal information about

_____ as set out above in the information about the office's privacy policies.

_____ _____

Signature Print Name

_____ _____

Date Signature of Witness

Facts About Dental Insurance

What treatments are covered by your dental plan?

The majority of Canadians are provided with health and dental plans through their employer as part of their employee benefits package. Many dental benefit plans provide coverage for preventive care, as well as for the treatment of a wide range of common dental health conditions and problems.

Remember, your dental plan is not a treatment plan. You should not allow your dental plan to dictate the care you receive. Only you and your dentist can decide the treatment plan that best meets your specific needs and circumstances.

What types of services should my dental plan cover?

Dental Plans provide you with coverage for a variety of dental procedures. A good dental plan should provide you and your family with assistance in paying for your family's care, including an appropriate preventive care program as well as assistance in covering the costs associated with more extensive restorative and corrective procedures.

How can I find out about the details of my plan?

As part of Canadian Privacy laws, Insurance companies will only give out information about your dental plan to you. It is your responsibility to provide us with information about the details of your plan. Your Insurance provider or employer should provide you with a booklet which describes the general information of your coverage. The exact details and any limitations of your plan may not be shown in the policy booklet, however, so it is important to read all of the documents on your Insurance coverage.

If my plan covers less than 100%, do I have to pay?

Some insurance plans only cover a portion of the total fee for service. If, for example, your insurance plan pays up to 80% of the fee, the remaining portion of the fee, 20% in this case, called the co-payment, must be paid by you. In all cases, all patients are directly responsible for their portion of the fee for treatment as it is illegal for any dentist to write-off the co-payment.

If I have dental insurance, do I have to pay the dental office?

At Yonge & Steeles Dental Care we like you to be fully informed about the treatment you receive. Many offices will bill insurance companies directly so you never know exactly what you are getting. It is our policy to bill patients directly for all services in full at the time a dental treatment is performed. Our office staff will help you to submit your claim to your insurance company electronically so you can receive your reimbursement as quickly as possible. Patients who pay by credit card usually receive the reimbursement from their insurance provider before they have to pay their credit card bill.

For your convenience we accept payment by MasterCard, VISA, American Express and Interac.

I understand my insurance plan is a contract between my employer and the insurance company. I am totally responsible for the charge incurred in the dental treatment. I hereby authorize release, to my insuring company plans administrator, the information contained in claims submitted electronically.

_____ _____

Patient's Signature Date

_____

Print Name of Parent or Guardian