North End
COMMUNITY
HEALTH CENTRE
Dental Clinic

office: 902.420.0303 ext: 5291
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CONFIDENTIAL PATIENT RECORD NECHC DENTAL CLINIC

Chart No.

Date: _____

Name on Health Card: _____ Gender on Health Card:_____

Health Card #: _____ Expiry Date: _____

Preferred Name: _____ Pronouns: _____ DOB: _____

Address:_____ City/Town: _____ Postal Code: _____

Parent/Guardian: _____ Phone #: _____

Is this your child's first dental visit? _____ If no, when was their last visit? _____

Are your child's vaccines up to date? ____ Are you a patient of the North End Community Health Centre? ____

Family doctor: _____ If not NECHC, please list Phone #: _____

Is your child covered by private insurance? _____ If yes, please provide the details (policy, client ID, etc.):

_____

_____

Please check all that apply:			
Anemia / bleeding ☐	Cancer / Tumor ☐	Autism (ASD) ☐	ADHD / ADD / ODD ☐
Asthma / Breathing ☐	Heart condition ☐	Cerebral Palsy ☐	High / Low Blood Pressure ☐
Epilepsy / Seizures ☐	Hep A / B/ C ☐	Diabetes Type 1 or 2 ☐	Radiation / Chemotherapy ☐
Sinus / Tonsil issues ☐	Kidney / Liver ☐	Immune Disorder ☐	Hypo / Hyper Thyroid ☐

Other issues/conditions:

_____

Please list all medications, including natural remedies:

_____

_____

Does your child have any allergies? _____ If yes, please list all allergies: _____

_____

Has your child ever had an injury to their teeth? _____ If yes, please explain: _____

_____

Please answer as accurately as possible:					
Does your child currently use/suck:	Thumbs ☐	Fingers ☐	Soother ☐	No ☐	
Does your child use a baby bottle or sippy cup?			Yes ☐	No ☐	
If **yes**, do they use it during the:	Day ☐	Night ☐	Both ☐		
How often is your child brushing?	Once a day ☐	Twice a day ☐	Rarely ☐		
Who brushes their teeth?	They do ☐	An adult ☐	They do, with assistance ☐		
Is your child using floss?	Yes ☐	No ☐			
What kind of toothpaste does your child use?	"Training" toothpaste ☐	Toothpaste with fluoride ☐			
What does your child drink most often?	Water ☐	Milk ☐	Juice ☐	Pop ☐	Other _____ ☐

Does your child have any sore teeth today? _____

If yes, please explain: _____

Is there **anything** else we should know about your child? _____

CONSENT & WAIVER

I hereby give consent to the North End Community Health Centre and Dalhousie Faculty of Dentistry to provide dental treatment.

I understand that treatment is to be performed by licenced practitioners or students under the direct supervision of licenced practitioners.

Information is used in compliance with all applicable federal and provincial privacy legislation, the Nova Scotia Dental Board, College of Dental Hygienists of Nova Scotia and the regulations of Dalhousie University to provide optimal dental care to our patients.

I consent to the use of records which may identify me through the use of photographs or other records that may identify me that have been taken as part of my treatment for continuing education purposes or publication outside of the confines of NECHC for grants and outside donations for the clinic. The purposes include providing these records to individuals who are not involved in my treatment in any way, including during seminars and lectures which involve dental professionals and students who may not be affiliated with NECHC or Dalhousie. This will not happen without prior knowledge

I acknowledge that the North End Community Health Centre Dental Clinic Clinical Primary Care Manager has the authority to discontinue treatment if it has been deemed to be in the best interest of the parties involved, or any reasons deemed necessary. No guarantees or assurances of successful treatment can be made. I understand that the Faculty will make every effort to provide the highest quality of care but there is a risk of failure. I release NECHC and /or Dalhousie University from any legal claims for injury, damage or losses suffered while a patient at the North End Community Health Centre Dental Clinic.

All information given is true and accurate to the best of my knowledge.

Date: _____ Signature of Parent/Guardian: _____

Date: _____ Witness: _____

Progress Notes

Chart No. | | | | | | | |

Date / Codes Include tooth # & surfaces	Progress Notes (student print and sign entry)	Faculty

Medical Update

Chart No. | | | | | | | |

Date	Med Class (ASA)	Medical Information (student print and sign entry)	Faculty