SUNCOAST DENTAL

Goderich, Ontario · (226) 22SMILE · suncoastdental.ca

NEW PATIENT INTAKE

Welcome to Suncoast Dental

Welcome to Suncoast Dental. Please complete this form before your first appointment. If you prefer, our team is happy to walk through it with you at reception — no rush, no jargon. All information is kept confidential per Ontario's Personal Health Information Protection Act (PHIPA).

PATIENT INFORMATION

PREFIX | FIRST NAME | LAST NAME

PREFERRED NAME | DATE OF BIRTH (YYYY-MM-DD) | AGE

SEX ASSIGNED AT BIRTH | GENDER IDENTITY | PRONOUNS

HEIGHT | WEIGHT | OCCUPATION

CONTACT

STREET ADDRESS | UNIT / APT

CITY | PROVINCE | POSTAL CODE | COUNTRY

MOBILE PHONE | HOME PHONE | BEST TIME TO REACH

EMAIL

EMERGENCY CONTACT

FULL NAME | RELATIONSHIP

PHONE | ALTERNATE PHONE

REASON FOR YOUR VISIT

WHAT BRINGS YOU IN? (CONCERNS, GOALS, OR SYMPTOMS)

MINOR MEDICAL (FULL MEDICAL HISTORY IS A SEPARATE FORM)

FAMILY DOCTOR | FAMILY DOCTOR PHONE

ALLERGIES (MEDICATIONS, LATEX, FOODS, MATERIALS)

CURRENT MEDICATIONS (INCLUDE OVER-THE-COUNTER AND SUPPLEMENTS)

Are you currently pregnant?	☐ Yes	☐ No
Are you currently nursing?	☐ Yes	☐ No
Have you had a serious illness or hospitalization in the past 12 months?	☐ Yes	☐ No

HOW DID YOU HEAR ABOUT US?

- ☐ Google search
- ☐ Referred by friend or family
- ☐ Referred by another dentist
- ☐ Drove past the practice
- ☐ Social media
- ☐ Other (note below)

IF OTHER OR REFERRED BY, WHO?

CONSENT AND AUTHORIZATION

I confirm the information provided is accurate to the best of my knowledge. I authorize Suncoast Dental to contact me at the phone numbers and email provided regarding my care, appointment reminders, and follow-up communications. I understand my information is governed by Ontario's PHIPA and will not be shared without my authorization.

SIGNATURE

DATE