



KETTLE VALLEY FAMILY DENTAL

103-5315 Main St
Kelowna, British Columbia, V1W 4V3
(778) 477-0411

We are pleased you have chosen us for your child's dental care!

Patient's Name: _____ Preferred Name: _____ Date of Birth: _____

Parent's/Guardian's Name: _____ Relationship to Patient: _____

Parent's/Guardian's Contact Number: _____

Please circle all that apply:

Anemia	Chicken Pox	Heart Problems	Mononucleosis
Arthritis	Chronic Sinusitis	Hepatitis	Mumps
Asthma	Diabetes	HIV/AIDS	Rheumatic Fever
Bladder Problems	Ear Aches	Immunizations	Seizures
Bleeding Disorders	Epilepsy	Kidney Problems	Sickle Cell
Bone/Joint Problems	Fainting	Latex Allergy	Thyroid (Low/High)
Cancer	Growth Problems	Liver Problems	Tuberculosis (TB)
Cerebral Palsy	Hearing Problems	Measles	Other

If other circled, please list: _____

Please circle corresponding answer:

1. Is your child taking any prescription and/or over the counter medications or vitamin supplements at this time. Yes / No

If yes, please list: _____

2. Is your child allergic to any medications, i.e. Penicillin, Antibiotics, or other drugs? Yes / No

If yes, please list: _____

3. Is your child allergic to anything else, such as certain foods? Yes / No

If yes, please list: _____

4. Has your child ever had a serious illness? Yes / No

If yes, please list: _____

5. Has your child ever been hospitalized? Yes / No

If yes, please list: _____

6. Does your child have a history of any other illnesses? Yes / No

If yes, please list: _____



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7. Does your child experience excessive bleeding when cut? Yes / No
8. Is this your child's first visit to a dentist? Yes / No
- If not the first visit, what was the date of the last dentist visit? _____
9. Has your child ever had any problems with dental treatment in the past? Yes / No
10. Has your child ever had dental radiographs (x-rays)? Yes / No
11. Has your child ever suffered any injuries to the mouth, head or teeth? Yes / No
12. Is fluoride toothpaste used? Yes / No
13. What type of water dose your child drink? City Water Well Water Bottles Water Filtered Water
14. How many times a day are your child's teeth brushed? _____ When are teeth brushed? _____
15. Do you still assist with brushing your child's teeth? Yes / No
16. Is your child in any orthodontics appliance or braces? Yes / No

HOW DID YOU HEAR ABOUT OUR CLINIC? WE WOULD LOVE TO KNOW! _____

Parent/Guardian Signature: _____ Date: _____



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PATIENT AGREEMENT

This Patient Agreement contains important information about your dental treatment at Kettle Valley Family Dental. By signing this patient agreement, you acknowledge that you have read and agree to all the terms and conditions contained herein. Please read carefully and ask questions you may have.

1. Kettle Valley Family Dental (KVFD) will be presenting the best dental treatment options and other options if applicable to you and/or your family and plan to treat you according to your dental and whole-body needs and requirements.
2. KVFD uses well-evaluated dental products and medications to provide you and/or your family with the dental treatment you need. All products have been studied and are known to be safe for use. This does not rule out the possibility of adverse or allergic reactions that you may have, or relevant medical health history information intentionally or unintentionally not disclosed.
3. KVFD is in no way associated or affiliated with any insurance company. This means we have no direct contact with your insurance company and have no inside information, ability, or control as to what your assistance plan will pay for benefits that are listed in your client packet. We determine treatment needed before knowing any of your insurance details.
4. Your insurance is a benefit to you and is there to assist you with the costs of dentistry. We strongly recommend that you find out what your insurance coverage is, as per your insurance contract.
5. Kettle Valley Family Dental has extended the courtesy to direct bill the insurance company on behalf of our patients. On the date of service, we will submit the claim to insurance and collect the remaining balance from you. Once insurance has paid a portion, it is the responsibility of you to pay any outstanding amount. Kettle Valley Family Dental takes no responsibility in what the insurance deems to pay for the service provided.
6. The above also applies to Canadian Dental Care Plan (CDCP) patients. While the government may promise to cover part of the cost, any unpaid balance is the patient's responsibility. Patients must understand and agree to the treatment, including any out-of-pocket expenses.

I HAVE READ THIS PATIENT AGREEMENT, FULLY UNDERSTAND, AND AGREE TO ALL ITS TERMS AND CONDITIONS.

Name: _____ Signature: _____ Date: _____