

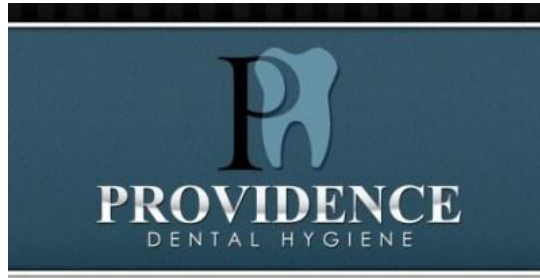
ORAL HEALTH

Checkups, X-Rays & Hygiene Care



Please fill in the attached consent and medical forms to enrol your child for our mobile clinic services and return to the school office or your teacher ASAP.

Providence Dental Hygiene
780-594-1010



Medical History

1) Is your child under the care of a physician at the present? YES NO

If yes, since when and why? _____

2) Has your child ever had a serious illness or been hospitalized? YES NO

If yes, please explain: _____

3) Is your child receiving medication? YES NO

Please list the medication: _____

4) Is your child allergic to any medications, drugs or had a bad reaction to any drug, medicine or food?

YES NO

5) If yes please list: _____

6) Does your child have any limitations to physical activities? YES NO

If yes, please explain: _____

7) Does your child have problems: (please circle)

Concentrating Cooperating Learning Understanding

Others: _____

8) Are your child's immunizations up to date? YES NO

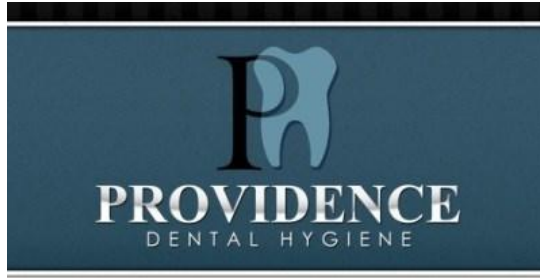
9) Have you ever been told that your child has / or has received treatment for any of the following conditions?

(Please circle any that apply)

Allergy	Anemia	Arthritis	Asthma	Autism	Birth Defects
Bleeding	Blood Transfusions	Brain Injury	Cancer	Cerebral Palsy	Chicken Pox
Child Abuse	Cleft Lip/Palate	Developmental Delay	Diabetes	Emotional Disorders	Epilepsy
Eyesight Problems	Fainting	Headaches	Hearing Loss	Heart Trouble	Hemophilia
Hepatitis	High Blood Pressure	Hyperactive	Kidney Problems	Latex Allergy	Leukemia
Liver Problems	Lung Problem	Malignant Hyperthermia	Mentally Challenged	Muscular Dystrophy	Nutritional Deficiency
Pneumonia	Psychiatric Care	Scarlet Fever	Seizures	Speech Problems	Tuberculosis

HIV

Other: _____



Dental History

1) Has your child seen a dental professional before? YES NO

If so, when (year, month and day)? _____

Name of dentist: _____

2) Has your child ever had an unpleasant dental experience? YES NO

If yes, please explain: _____

3) Have there been any injuries to the teeth or mouth? YES NO

If yes, please explain: _____

4) Does your child have a toothache or other urgent dental problems? _____

5) Is either parent nervous or anxious about their own dental treatment? YES NO

6) Has your child ever received a local anesthetic (freezing)? YES NO

Dental Disease Prevention

1) Does your child use dental floss? YES NO

2) Does someone assist your child with tooth cleaning? YES NO

3) Does your child use fluoride containing toothpaste? YES NO

4) Does your child eat sweets, drink soft drinks, or juice (please circle):

More than once a day

Once per week

Less than once per week

5) How does your child take fluoride supplements at home?

Well Water

Fluoride drops or tables

Fluoride gel or rinses

Not at all

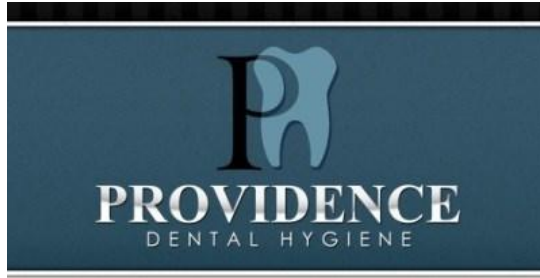
I attest to the accuracy of the information provided on these 2 pages.

Parent's Signature: _____

Date: _____

Hygienist's Signature: _____

Date: _____



Patient Personal Information

Patient / Student Name: _____ School: _____
Address: _____ City: _____ Postal Code: _____
Phone #: (home) _____ Work: _____ Cell: _____
Date of birth: _____ Age: _____ Gender: _____
Alberta Health Care: _____ Treaty I.D. #: _____

Do you have additional dental insurance through and employer or government agency? (if yes, see below) Yes ___ No ___

Employer: _____

Insurance Policy Information

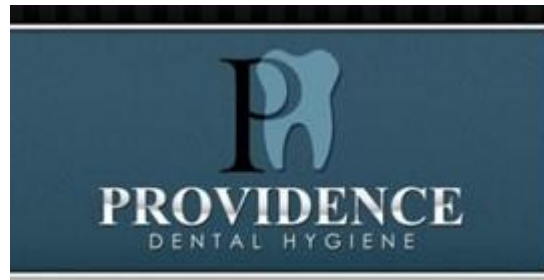
Account Holder's Name: _____ Date of Birth: _____
Insurance Company Name: _____
Group/Policy #: _____ Cert. #: _____

Parent Email Address _____

I, _____, give my consent to Providence Dental Hygiene and it's providers, to provide preventative dental services and diagnosis (1) on my dependent's behalf. I authorize the release of information concerning my child's healthcare, advice and treatment for the purpose of evaluating and administering claims for insurance benefits. I understand that I am responsible for any co-pay amounts not covered by my work benefit dental insurance and I agree to be responsible for payment of services provided.

Patient / Guardian Signature: _____

1- dental examinations, x-rays, dental cleanings, application of fluoride, sealants (as required)



Dear Parents,

Oral health is a vital part of overall health and we are pleased to have the opportunity to share a new service with your children right here at school.

Providence Dental Hygiene's mobile clinic is now offering dental hygiene check ups, cleanings, x rays and sealants within the school for students of all ages. The clinic has direct billing and accepts all forms of dental insurance for payment. Should there be remaining client portions owing after insurance or should a family not have dental coverage payments can be arranged via email transfer or payment at their clinic location at the Forbes IDA medical building.

The team at Providence works to make every child's experience in the dental chair a happy memory and builds trust in professional oral health care that will contribute to great oral health for years to come. Both Paulette Dahlseide, RDH and Chantal Chamberlain, RDH have over 25 years of clinical experience. For our immersion families, Chantal can offer bilingual dental hygiene service as well.

This service is meant to offer families the convenience of preventive oral care for their children without the hassle of trying to coordinate time off work or transport to a traditional clinic so your child can be seen by a primary dental health care provider on a regular basis. Should your child require treatment beyond dental hygiene care, you will receive a referral notice to the appropriate health care provider of your choice.

Appointments at the school means less time away from the classroom for in-town appointments and less likelihood of absenteeism due to dental pain or infection that can be related to unidentified oral disease and lack of regular professional dental hygiene treatment.

Although relatively unknown to the public, according to Schedule 5 of the Health Profession Act of Alberta, a dental hygienist in Alberta can complete dental hygiene assessment to diagnose and treat oral health conditions and identify when referral is necessary. The hygienist is trained to refer to other health professionals like but not limited to a dentist, doctor, speech therapist, or orthodontist if need be.

**If you have any questions please do not hesitate to call the clinic directly
at 780-594-1010.**



Electronic Release and Direct Billing Authorization

I authorize release; to my dental benefits plan administrator and insurance provider, the information contained in claims submitted electronically. I also authorize the communication of information related to the coverage of services described to the named dental hygienist.

Policy holder signature:_____

Date:_____

I hereby assign my benefits, payable from claims submitted electronically, to Providence Dental Hygiene and authorize payment directly to the billing hygienist of record.

Policy holder signature:_____

Date:_____

I prefer to be contacted by

- Email
- Text
- Phone

Thank you for putting your trust in us. We look forward to keeping your children's smiles healthy and bright!