

**Holt Denture Clinic**  
**202, 5809 Macleod Trail**  
**Calgary, Alberta, T2P-2E6**  
**Canada**

**Office Use Only**

**Medical History Alert Numbers:** \_\_\_\_\_

**Dental History Alert Numbers:** \_\_\_\_\_

**Personal Information: Please Print or place an "X" into the appropriate box(es)**

**Date:** \_\_\_\_\_

MM/DD/YYYY

Name: \_\_\_\_\_  
Last
First
Second
Used

Date of Birth: \_\_\_\_\_  
MM/DD/YYYY
Gender:  Female  Male

Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

City: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_  
Cellular Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_  
Work Email: \_\_\_\_\_

Physician: \_\_\_\_\_  
Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_  
Phone: \_\_\_\_\_

Previous Denturist: \_\_\_\_\_  
Phone: \_\_\_\_\_

Hygienist: \_\_\_\_\_  
Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_  
Profession/Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_

Legal Guardian (if applicable): \_\_\_\_\_  
Contact Number: \_\_\_\_\_

In Case of Emergency, contact: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Cellular Number: \_\_\_\_\_

Your Occupation: \_\_\_\_\_

Your Living Environment: Do you require medical devices or equipment such as oxygen, walker, cane, etc? .....  Yes  No  
 If yes, please describe: \_\_\_\_\_

Your Personal Accommodation  Private Residence  Multifamily dwelling  Assisted Living  Nursing Home

Individual Responsible For Account:  Patient  Guardian  Insurance & Patient  Insurance & Guardian

(For insurance, complete an insurance information form)