



Dental Health – Activity 4, Worksheet 2 – CLB 4–5

Help Taylor complete the new patient registration form.
Use Activity 4, Worksheet 1 to fill in the missing information.

 <h1 style="margin: 0;">Happy Smiles Dental Office</h1> 	
Date: <u> </u> / <u> </u> / <u> </u> <div style="display: flex; justify-content: flex-end; gap: 20px;"> YY MM DD </div>	
Name:	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Title Last name First name Middle initial </div>
Gender:	<div style="display: flex; align-items: center; gap: 10px;"> M F </div>
Date of Birth:	<div style="display: flex; justify-content: flex-end; gap: 10px;"> <u> </u> / <u> </u> / <u> </u> YY MM DD </div>
Address:	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <u>310 Queen Street</u> </div> <div style="display: flex; justify-content: flex-end; align-items: center; gap: 20px;"> <div style="border-bottom: 1px solid black; width: 400px;"></div> <div><u>A0B 2W0</u></div> </div>
Telephone Number:	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border-bottom: 1px solid black; width: 200px;"></div> <div>Email: <div style="border-bottom: 1px solid black; width: 200px;"></div></div> </div>
Emergency Contact:	<div style="display: flex; align-items: center; gap: 10px;"> <div style="border-bottom: 1px solid black; width: 200px;"></div> <div>Relationship: <u>husband</u></div> </div>
Reason for Appointment:	<div style="border-bottom: 1px solid black; height: 20px;"></div>
Do you have dental insurance?	<div style="display: flex; align-items: center; gap: 10px;"> Yes No </div>
Do you have any allergies?	<div style="display: flex; align-items: center; gap: 10px;"> Yes No </div>
Do you have any medical conditions we should be aware of?	<div style="display: flex; align-items: center; gap: 10px;"> Yes No </div>
If you answered yes, please describe your medical condition. <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	
Family Doctor's Name:	<div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
Signature: <div style="border-bottom: 1px solid black; height: 20px; width: 200px;"></div>	