Northwestern Health Unit
www.nwhu.on.ca

Northwestern Health Unit
Dental Health Program
Green Door Project Application

The Green Door Project is a cost-free dental program for clients 18-64 years of age who have experienced a cost-barrier to accessing dental care in the past.

Personal Information

Full Name: ______________________ Date of Birth: ______________________

Home Address: ____

Health Card #: ______________________ Email: ______________________

Daytime Phone Number: ______________________ ☐ Mobile ☐ Work ☐ Home

Do you have dental coverage? ☐ Yes ☐ No

Do you have a cost-barrier to accessing dental care? ☐ Yes ☐ No

What are your pronouns?: ☐ He/him ☐ She/her ☐ They/them ☐ Prefer not to say Other: ____________

Employment Information

Currently employed: ☐ Yes ☐ No

If no, last date of work: ____________ Reason for leaving: ______________________

Current Employer: ____________ Does your employer provide dental coverage? ☐ Yes ☐ No

Children and Other Family Members Living in the Household

First and Last Name	Age	Birthdate	School/Grade	Employed?	Receives social assistance?
				☐ Yes ☐ No	☐ Yes - OW ☐ Yes - ODSP ☐ No
				☐ Yes ☐ No	☐ Yes - OW ☐ Yes - ODSP ☐ No
				☐ Yes ☐ No	☐ Yes - OW ☐ Yes - ODSP ☐ No
				☐ Yes ☐ No	☐ Yes - OW ☐ Yes - ODSP ☐ No
				☐ Yes ☐ No	☐ Yes - OW ☐ Yes - ODSP ☐ No

Other Information

Have any family members been to our dental clinic before? ☐ Yes ☐ No **If yes**, when: ______________

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Dental History

1. What is your dental problem at the moment? ______________________

☐ Broken tooth/filling ☐ Abscess (infection) ☐ Tooth pain
☐ Face swelling ☐ Injury to face/jaw/teeth ☐ Loose teeth
☐ Trouble chewing ☐ Sensitivity to heat/cold

Where is the problem? ______________________

2. When was your last dental visit? ______________________
3. Where was your last dental visit? ______________________
4. Have you ever visited an emergency room for a dental problem? ☐ Yes ☐ No

Medical History

1. Have you been treated for any medical conditions within the past year? ☐ Yes ☐ No
   If yes, please explain: ______________________

   ____
2. Are you taking any medications? ☐ Yes ☐ No
   If yes, please list: ______________________

   ____
3. Are you pregnant? **If yes**, how many weeks? __________ ☐ Yes ☐ No
4. Do you smoke or chew tobacco or cannabis products? ☐ Yes ☐ No
5. Do you identify as a person with a disability? ☐ Yes ☐ No
6. Do you have:

☐ Heart Problems ☐ Lung Disease ☐ Cancer
☐ Mitral valve prolapse ☐ Diabetes ☐ Osteoporosis
☐ Nervous Disorder ☐ Thyroid disease ☐ Asthma
☐ Alzheimer's ☐ Arthritis ☐ Pacemaker
☐ Blood Pressure problems ☐ Seizures/Epilepsy ☐ Drug/Alcohol use/dependency
☐ Stomach ulcers ☐ Kidney disease

☐ Other: (please list): ______________________

Declaration

I declare the information on this application is true and complete to the best of my knowledge. I understand that giving false or incomplete information or not advising of changes in my situation may result in suspension or termination of my treatment.

______________________ Signature ______________________ Date

Personal information is collected under the authority of the Health Protection and Promotion Act and related legislation and in accordance with the Personal Health Information Protection Act and/or the (Municipal) Freedom of Information and Protection of Privacy Act. We collect only the personal information needed to provide public health programs and to plan and evaluate our services. Your information may be shared with others as required or permitted by law. For more information, contact the Northwestern Health Unit at 1-800-830-5978 or see the privacy statement on our website: www.nwhu.on.ca.