Date: _____/_____/_____
YYYY MM DD

Competency: Comprehending Information 4.4

Indicators of ability: Finds key information and specific details, finds relevant information

Success Criteria: 70% Your score:

Rubric: You were able to find

correct date of birth 2 points	correct reason 2 points
identified doctor's name 2 points	identified medicine being taken 1 point
identified health problem 1 point	insurance information 2 points

Task: *Read about Smith's situation and help him complete his new patient registration form.*

Smith McDonald Timber is new to London Ontario, and he is having a bad day. Yesterday his wife, Smitha, organized a party. It was a big party to celebrate Valentines Day, which was his birthday too. It was his special birthday as he has turned 50 years old. He had fun at the party but after the party he couldn't sleep all night because of the terrible toothache, he thinks that he has a cavity because his back molar was too sensitive to hot or cold drinks during the party.

He decided to first discuss his issue with his family doctor tomorrow when he will go for his heart check up. Dr. Shawn gave him 500 mg Tylenol to stop the pain but has advised him to make an appointment to see his dentist as soon as possible before the problem gets worse. Dr. Shawn has referred him to his friend Dr. Herman who is a dentist, so he can give Smith some discount. He is worried that he will have to pay a lot of money which he cannot afford now, but he has no choice as it is hurting a lot. Off course, money has no worth if you do not have good health.

LIVEWORKSHEETS

Date: _____/_____/_____
YYYY MM DD

Title: _____ Last Name: _____

First Name: _____ Middle Name: _____

Address: _____

City: _____ Province: _____Postal Code: T2Y-1Y8

Gender: _____ DOB: _____/_____/_____
YY MM DD

Phone no: (_ _ _)- _____-_____ Email: _____

Emergency Contact: _____ Relation: Wife

Email Address: _____

Reason for appointment: _____

Do you have dental insurance? _____

Do you have any allergies? _____

If yes, explain: _____

Do you have any medical conditions we should be aware of?

If answered yes, please describe your medical condition. _____

Are you taking any medicine? If yes, please write the name _____

Family Doctor's Name: _____

Signature: _____ Date: _____

LIVEWORKSHEETS

Date: _____/_____/_____
YYYY MM DD

Holistic: Filled out all required information. A little somewhat achieved
Competency: Getting things done 4.3 Analytic Criteria: 1 2 3 4
Correct information in correct place
Wrote address, phone number, e mail address, date in correct format
Typed with correct space
Adequate control of spelling, capitalization
Wrote name correctly
4= achieved 3= somewhat 2= need to practice more 1= need lots of practice Success= 15/20 Your score= /20 Pass:

LIVEWORKSHEETS