Eileen McGinty DDS, PC
Healthy Teeth and Gums for a Lifetime

Patient Medical History

Patients Name:	Nickname:	Today's Date:

Address:	City:	State:	Zip:

Home Phone:	Work Phone:	Cell Phone:

E-mail:	Date of Birth:	Soc. Sec. #:	Marital Status:

Primary Dental Guarantor:	Home Phone:	

Secondary Dental Guarantor:	Home Phone:	Work Phone:

Physician Name:	Physician Phone:	Work Phone:

Pharmacy:	Pharmacy Phone:

Sex:

Females, please answer the following questions:

Yes	No	
☐	☐	Are you taking birth control pills
☐	☐	Are you pregnant?
☐	☐	Are you nursing?

Please answer the following questions:

Yes	No	
☐	☐	Do you smoke or use tobacco?

Height:	Weight:

BP:	HR:

Yes	No	CONDITIONS
☐	☐	Abnormal Bleeding
☐	☐	Alcohol Abuse
☐	☐	Allergies
☐	☐	Anemia
☐	☐	Angina Pectoris
☐	☐	Arthritis
☐	☐	Artificial Bones
☐	☐	Artificial Heart Valve
☐	☐	Asthma
☐	☐	Blood Transfusion
☐	☐	Bruise Easily
☐	☐	Cancer - Chemotherapy
☐	☐	Congenital Heart Defect
☐	☐	Cosmetic Surgery
☐	☐	Diabetes
☐	☐	Difficulty Breathing
☐	☐	Drug Abuse

Yes	No	CONDITIONS
☐	☐	Emphysema
☐	☐	Epilepsy
☐	☐	Fainting Spells
☐	☐	Fever Blisters
☐	☐	Frequent Headaches
☐	☐	Glaucoma
☐	☐	HIV + AIDS
☐	☐	Hay Fever
☐	☐	Heart Attack
☐	☐	Heart Murmur
☐	☐	Heart Surgery
☐	☐	Hemophilia
☐	☐	Hepatitis
☐	☐	High Blood Pressure
☐	☐	Kidney Problems
☐	☐	Liver Disease
☐	☐	Low Blood Pressure

Yes	No	CONDITIONS
☐	☐	Mitral Valve Prolapse
☐	☐	Pace Maker
☐	☐	Pain in Jaw Joints
☐	☐	Psychiatric Problems
☐	☐	Radiation Therapy
☐	☐	Rheumatic Fever
☐	☐	Seizures
☐	☐	Shingles
☐	☐	Sickle Cell Disease
☐	☐	Sinus Problems
☐	☐	Stroke
☐	☐	Thyroid Problems
☐	☐	Tuberculosis
☐	☐	Ulcers
☐	☐	Venereal Disease
☐	☐	Other

_____

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Yes	No	ALLERGIES
☐	☐	Aspirin
☐	☐	Codeine
☐	☐	Dental Anesthetics
☐	☐	Erythromycin
☐	☐	Jewelry
☐	☐	Latex
☐	☐	Metals
☐	☐	Penicillin
☐	☐	Tetracycline
☐	☐	Other _____

_____

_____

Current Medications and Supplements:

Yes No

☐ ☐ Is there any disease, condition, or problem that you think this office should know about that is not covered above? If yes, please describe below.

Signature: _____ Date: _____

(if under 18, parent or guardian signature required)