DMC DENTAL PRACTICE, INC
MAURICIO FONRODONA. D.D.S.
18981 Ventura Blvd. Suite 200.
Tarzana, CA 91356

PATIENT MEDICAL HISTORY

Patient's Name: Today's Date

Address: Date of Last Visit: Date of Med. History

City State Zip: Email:

Home Phone: Work Phone: Birth Date: SSN: Marital Status:

Primary Dental Guarantor: Home Phone: Work Phone:

Secondary Dental Guarantor: Home Phone: Work Phone:

Physician Name: Physician Phone:

Pharmacy: Pharmacy Phone:

Sex:

Height:

Weight:

If female please answer the following:

Y	N	
☐	☐	Are you taking Birth Control Pills?
☐	☐	Are you pregnant? If yes, # of weeks ☐
☐	☐	Are you nursing?

Y	N	
☐	☐	Do you smoke or use tobacco?

BP ☐ For office use only: Heart Rate ☐

Y	N	Conditions
☐	☐	Abnormal Bleeding
☐	☐	Alcohol Abuse
☐	☐	Allergies
☐	☐	Anemia
☐	☐	Arthritis
☐	☐	Artificial Bones
☐	☐	Asthma
☐	☐	Blood Transfusion
☐	☐	Cancer- Chemotherapy
☐	☐	Colitis
☐	☐	Congenital Heart Defect
☐	☐	Cosmetic Surgery
☐	☐	Diabetes
☐	☐	Difficulty Breathing
☐	☐	Drug Abuse

Y	N	Conditions
☐	☐	Glaucoma
☐	☐	Hay Fever
☐	☐	Heart Attack
☐	☐	Heart Surgery
☐	☐	Hemophilia
☐	☐	Hepatitis A
☐	☐	Hepatitis B
☐	☐	High Blood Pressure
☐	☐	HIV + AIDS
☐	☐	Kidney Problems
☐	☐	Liver Disease
☐	☐	Low Blood Pressure
☐	☐	Mitral Valve Prolapse
☐	☐	Pace Maker
☐	☐	Pneumocystitis
☐	☐	Psychiatric Problems

Y	N	Conditions
☐	☐	Radiation Therapy
☐	☐	Seizures
☐	☐	Shingles
☐	☐	Sickle Cell Disease
☐	☐	Sinus Problems
☐	☐	Stroke
☐	☐	Thyroid Problems
☐	☐	Tuberculosis
☐	☐	Ulcers
☐	☐	Venereal Disease
☐	☐	Yellow Jaundice

Y	N	Allergies	Y	N	
☐	☐	Aspirin	☐	☐	Dental Anesthetics
☐	☐	Codeine	☐	☐	Erythromycin
☐	☐	Jewelry	☐	☐	Latex

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Medications:

Y N

☐ ☐ **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…**

Notes:

Signature:_____ Date:_____

(If under 18, Parent or Guardian Signature Required)