

Medical History

Patient Name: _____ **Birth Date:** _____

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

	Yes/No	
Do you have any artificial joints/valves?	Y N	If yes, what premedication? _____
Are you under a physician's care now?	Y N	If yes, explain: _____
Have you been hospitalized or had a major operation?	Y N	If yes, explain: _____
Have you ever had a serious head or neck injury?	Y N	If yes, explain: _____
Do you take, or have you taken, Phen-Fen or Redux?	Y N	
Are you on a special diet?	Y N	
Do you use tobacco?	Y N	
Do you drink alcohol?	Y N	
Do you use recreational drugs?	Y N	

Women: Are you	Yes/No	Yes/No	Yes/No
Pregnant/Trying to get pregnant?		Use oral contraceptives?	Nursing?

Are you allergic to any of the following? (circle all that apply)

Aspirin Penicillin/Antibiotics Codeine Acrylic Metal Latex Local Anesthetics

Other, please explain: _____

Do you have, or have you had, any of the following?

	Yes/No		Yes/No		Yes/No
AIDS/HIV Positive	Y N	Heart Disease/FailureHeart	Y N	Tumors or Growths	Y N
Alzheimer's Disease	Y N	Murmur	Y N	Ulcers	Y N
Anaphylaxis	Y N	Heart Pace Maker	Y N	Yellow Jaundice	
Arthritis/Gout	Y N	Hepatitis A, B or C	Y N		
Asthma	Y N	Herpes	Y N		
Blood Disorders	Y N	High/Low Blood Pressure	Y N		
Breathing Problem	Y N	Hypoglycemia	Y N		
Bruise Easily	Y N	Kidney Problems	Y N		
Cancer	Y N	Liver Disease	Y N		
Chest Pains	Y N	Lung Disease	Y N		
Cold Sores/Fever Blisters	Y N	Mitral Valve Prolapse	Y N		
Convulsions	Y N	Pain in Jaw Joints	Y N	Have you ever had any serious illness not listed here? Yes No	
Cortisone Medicine	Y N	Parathyroid Disease	Y N	*If yes, please explain?	
Diabetes	Y N	Psychiatric Care Recent	Y N	_____	
Drug Addiction	Y N	Weight Loss/Gain	Y N	_____	
Easily Winded	Y N	Rheumatic Fever	Y N	_____	
Emphysema	Y N	Scarlet Fever	Y N	_____	
Epilepsy	Y N	Shingles	Y N	_____	
Excessive Bleeding	Y N	Sickle Cell Disease	Y N	_____	
Excessive Thirst	Y N	Sinus Trouble	Y N	_____	
Fainting Spells, Dizziness	Y N	Stomach/Intestinal Disease	Y N	_____	
Frequent Cough	Y N	Stroke	Y N	_____	
Frequent Diarrhea	Y N	Swelling of Limbs	Y N	_____	
Frequent Headaches	Y N	Thyroid Disease	Y N	_____	
Glaucoma	Y N	Tuberculosis	Y N		Clear Form