Matt Pilot DDS
5611-119th Ave SE
Ste. 2
Bellevue WA 98006
(425)746-6554
www.newporthillsdental.com

Medical History

Please fill out the confidential information

Have you ever had any of the following, please check all that apply:

- ☐ *Pre-Med - Amox
- ☐ *Pre-Med - Other
- ☐ Allergy - Aspirin
- ☐ Allergy - Hay Fever
- ☐ Allergy - Other
- ☐ Allergy-Clindamycin
- ☐ Allergy-Percocet
- ☐ Artificial Joints
- ☐ Cancer
- ☐ Epilepsy
- ☐ Glaucoma
- ☐ Heart Murmur
- ☐ HIV
- ☐ Liver Disease
- ☐ On blood thinner
- ☐ Pacemaker
- ☐ Respiratory Problems
- ☐ Sinus Problems
- ☐ Tuberculosis
- ☐ Venereal Disease
- ☐ *Pre-Med - Amox
- ☐ Allergies
- ☐ Allergy - Codeine
- ☐ Allergy - Ibuprofen
- ☐ Allergy - Penicillin
- ☐ Allergy-Epinephrine
- ☐ Anemia
- ☐ Asthma
- ☐ Diabetes
- ☐ Excessive Bleeding
- ☐ Head Injuries
- ☐ Hepatitis
- ☐ Jaundice
- ☐ Mental Disorders
- ☐ On blood thinner
- ☐ Pregnancy
- ☐ Rheumatic Fever
- ☐ Stomach Problems
- ☐ Tumors
- ☐ *Pre-Med - Clind
- ☐ Allergy - Acetaminop
- ☐ Allergy - Erythro
- ☐ Allergy - Latex
- ☐ Allergy - Sulfa
- ☐ Allergy-Naproxen Sod
- ☐ Arthritis
- ☐ Blood Disease
- ☐ Dizziness
- ☐ Fainting
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ Kidney Disease
- ☐ Nervous Disorders
- ☐ Other
- ☐ Radiation Treatment
- ☐ Rheumatism
- ☐ Stroke
- ☐ Ulcers

Any allergic reaction:



◯ Yes ◯ No

If yes, please list all allergies

Hospitalization for illness or surgery:

◯ Yes ◯ No

If yes, please describe:

Please list all medications or vitamins you are currently taking:

Please check all that apply:

- ☐ Aware of a change in your general health
- ☐ Subject to frequent headaches
- ☐ Generally a nervous person
- ☐ Aware of any recent weight change
- ☐ A heavy smoker, one or more packs a day
- ☐ Presently being treated for any disorder

Please explain fully if you checked any of the above boxes.

If female, are you now:

- ☐ Pregnant
- ☐ Taking birth control pills or other hormones

Off office use:

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Response Date: