Patrick MAZZEI DDS
Patient-first care that revolves around you

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PATIENT MEDICAL HISTORY

Name	
Physician Name (MD)	
Physician Phone	Date of Last DR Visit
List all medications (prescription, over-the-counter, herbal remedies, supplements and vitamins)	

PLEASE CIRCLE YES OR NO

Are you allergic to any medications or substances?	YES	NO	Do you have heart disease?	YES	NO
Do you have any problems with penicillin, antibiotics, anesthetic or other meds?	YES	NO	Do you have a pacemaker or an artificial heart valve implant?	YES	NO
Are you sensitive to any metals or latex?	YES	NO	Have you ever had rheumatic or scarlet fever?	YES	NO
Are you pregnant or suspect you may be?	YES	NO	Are you aware of any heart murmurs?	YES	NO
Do you use birth control medications?	YES	NO	Have you ever had a serious illness or major surgery?	YES	NO
Do you have high or low blood pressure?	YES	NO	Do you use diet drugs, i.e. Phen-Phen?	YES	NO

PLEASE EXPLAIN ANY "YES" ANSWERS:

Have you ever had radiation or chemo treatment for a tumor, growth or other condition?	YES	NO	Do you have asthma?	YES	NO
Do you have inflammatory diseases, such as arthritis or rheumatism?	YES	NO	Do you have epilepsy or any other seizure disorders?	YES	NO
Do you have any blood disorders, such as anemia or leukemia?	YES	NO	Do you or have you had venereal disease?	YES	NO
Do you bleed easily after being cut or injured?	YES	NO	Do you get cold sores or fever blisters?	YES	NO
Do you have any stomach problems?	YES	NO	Have you tested HIV positive or do you have AIDS?	YES	NO
Do you have any kidney or liver problems?	YES	NO	Have you had or tested positive for hepatitis?	YES	NO
Do you have any thyroid problems?	YES	NO	Do you or have you had tuberculosis?	YES	NO
Have you had psychiatric treatment?	YES	NO	Do you take osteoporosis medication?	YES	NO
Are you diabetic?	YES	NO	Do you use any type of tobacco products?	YES	NO
Do you have sleep apnea or snoring problems?	YES	NO	Do you consume alcoholic beverages?	YES	NO
			Do you habitually use controlled substances?	YES	NO

Patient/Responsible Party Signature	Date

Dentist's Notes: