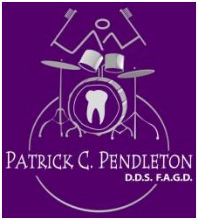

Patient Medical History

Patient's name____ Date of birth_________________

Although dental personnel primarily treat the area in and around your mouth, your mouth is 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 that you may be receiving. Thank you for answering the following questions.

	Yes	No		Yes	No
Have there been any changes in your general health within the past year?________________________	☐	☐	Have you had any abnormal bleeding?_____________	☐	☐
			Do you bruise easily?__________________________	☐	☐
Are you under the care of a physician?__________	☐	☐	Are you wearing contact lenses?_________________	☐	☐
Physician's name____			Do you use tobacco?___________________________	☐	☐
Date of last physical exam____________________________________			Have you ever taken Fen-Phen or Redux?__________	☐	☐
Have you been hospitalized for any surgical operation or serious illness? ____	☐	☐	Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?____________________________	☐	☐
Are you taking any medicine(s), including non-prescription medicine? ____ ____ ____	☐	☐	Do you or have you used any controlled substances?_____________________________	☐	☐
			Do you have any disease, condition, or problem not listed above that you think I should know about?_____________________________________	☐	☐

Are you allergic to or have had reactions to:

- ☐ Local anesthetics
- ☐ Barbiturates, sedatives, or sleeping pills
- ☐ Latex/rubber
- ☐ Penicillin or other antibiotics
- ☐ Aspirin
- ☐ Any metals (e.g., nickel, mercury, etc.)
- ☐ Sulfa drugs
- ☐ Iodine
- ☐ Other (please list)____

Do you, or have you ever had, any of the following:

	Yes	No		Yes	No		Yes	No
AIDS/HIV infection	☐	☐	Fainting or dizzy spells	☐	☐	Pacemaker	☐	☐
Allergies	☐	☐	Glaucoma	☐	☐	Persistent cough	☐	☐
Anemia	☐	☐	Heart attack or angina	☐	☐	Radiation treatment	☐	☐
Arthritis or rheumatism	☐	☐	Heart defect or heart murmur	☐	☐	Rheumatic Fever/Heart Disease	☐	☐
Asthma or hay fever	☐	☐	Heart surgery	☐	☐	Scarlet fever	☐	☐
Back problems	☐	☐	Hepatitis, jaundice, liver disease	☐	☐	Sexually transmitted disease	☐	☐
Chemical dependency	☐	☐	High/low blood pressure	☐	☐	Shortness of breath	☐	☐
Chemotherapy (cancer, leukemia)	☐	☐	Hives or skin rash	☐	☐	Sinus trouble	☐	☐
Chest pain	☐	☐	Hypoglycemia	☐	☐	Stomach ulcer	☐	☐
Cold sores/fever blisters	☐	☐	Joint replacement or implant	☐	☐	Stroke	☐	☐
Congenital heart problems	☐	☐	Kidney trouble	☐	☐	Swelling of feet, ankles, hands	☐	☐
Cortisone treatment	☐	☐	Lung or breathing problems	☐	☐	Thyroid problem	☐	☐
Diabetes	☐	☐	Mental health care	☐	☐	Tonsillitis	☐	☐
Eating disorder	☐	☐	Mitral valve prolapse	☐	☐	Tuberculosis	☐	☐
Epilepsy or seizures	☐	☐	Nervousness	☐	☐	Tumors	☐	☐

Women Only:

☐ Are you pregnant or think you may be pregnant?	☐ Are you nursing?	☐ Are you taking birth control pills?