

Patient Confidential Medical History

Patient's Name _____ Date of Birth _____ Today's Date _____

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 will be receiving. Thank you for answering the following questions.

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1. Are you in good health? _____
 2. Have there been any changes in your general health within the past year?

 3. Approximate date of your last physical exam _____
 4. Physician's name, address, and phone number _____

 5. Are you under the care of a physician? _____
 6. Have you ever been hospitalized for any surgical operation or serious illness? Please explain _____
 7. Are you taking any medicines, including non prescription medicine and herbal supplements starting with the letter "g"? Please provide a list or list names and amounts below:

 8. Have you had any abnormal bleeding? _____
 9. Do you bruise easily? _____
 10. Have you ever required a blood transfusion? _____
 11. Do you smoke or use tobacco? _____

Women Only:

Are you pregnant or think you may be pregnant?

Are you nursing?

Are you taking birth control pills?

Are you taking bisphosphonates for bone density?

Are you allergic to or have you had reactions to: (please circle if yes)

Local anesthetics like lidocaine

Penicillin or other antibiotics

Aspirin

Any metals (such as nickel, mercury, etc.)

Latex/rubber

Other (please list) _____

Do you have or have you ever had the following: (please circle if yes)

Congenital heart defect, mitral valve prolapse, or heart murmur

Heart trouble, heart attack, or angina

Chest pains

Shortness of breath

Pacemaker

Heart surgery, by-pass, stents, and artificial valve replacement

High /low blood pressure? Is it controlled?

Are you taking a blood thinner such as Coumadin, plavix, ticcid, aspirin?

Stroke

Swelling of feet, ankles, hands

Hepatitis, Jaundice, or liver disease

Thyroid problems

Stomach problems

Kidney problems

Sinus trouble

Lung or breathing problems, COPD, TB, emphysema

Asthma or hay fever

Fainting or dizzy spells

Diabetes or hypoglycemia

AIDS or HIV infection

Allergies (please list)

Joint replacement or implant (such as artificial knee, hip)

Chemotherapy (cancer, leukemia)

Radiation treatment of head or neck area

Epilepsy or seizures

Glaucoma

Medication for nervous disorder

Chemical dependency (drugs or alcohol)

Prolonged cortisone treatment

Cold sores/fever blisters

Do you have any disease, condition, or problem not listed that you think I should know about?