

MEDICAL HISTORY

Patient Name _____ Nickname _____ Age _____
 Name of Physician/and their specialty _____
 Most recent physical examination _____ Purpose _____
 What is your estimate of your general health? Excellent Good Fair Poor

- | DO YOU HAVE or HAVE YOU EVER HAD: | YES | NO | | YES | NO |
|---|------------|-----------|---|------------|-----------|
| 1. hospitalization for illness or injury _____ | | | 27. arthritis _____ | | |
| 2. an allergic reaction to _____
aspirin, ibuprofen, acetaminophen, codeine
penicillin
erythromycin
tetracycline
sulfa
local anesthetic
fluoride
metals (nickel, gold, silver, _____)
latex
other _____ | | | 28. autoimmune disease _____
(i.e. rheumatoid arthritis, lupus, scleroderma) | | |
| 3. heart problems, or cardiac stent within the last six months _____ | | | 29. glaucoma _____ | | |
| 4. history of infective endocarditis _____ | | | 30. contact lenses _____ | | |
| 5. artificial heart valve, repaired heart defect (PFO) _____ | | | 31. head or neck injuries _____ | | |
| 6. pacemaker or implantable defibrillator _____ | | | 32. epilepsy, convulsions (seizures) _____ | | |
| 7. orthopedic implant (joint replacement) _____ | | | 33. neurologic disorders (ADD/ADHD, prion disease) _____ | | |
| 8. rheumatic or scarlet fever _____ | | | 34. viral infections and cold sores _____ | | |
| 9. high or low blood pressure _____ | | | 35. any lumps or swelling in the mouth _____ | | |
| 10. a stroke (taking blood thinners) _____ | | | 36. hives, skin rash, hay fever _____ | | |
| 11. anemia or other blood disorder _____ | | | 37. STI / STD / HPV _____ | | |
| 12. prolonged bleeding due to a slight cut (INR > 3.5) _____ | | | 38. hepatitis (type _____) _____ | | |
| 13. emphysema, shortness of breath, sarcoidosis _____ | | | 39. HIV / AIDS _____ | | |
| 14. tuberculosis, measles, chicken pox _____ | | | 40. tumor, abnormal growth _____ | | |
| 15. asthma _____ | | | 41. radiation therapy _____ | | |
| 16. breathing or sleep problems (i.e. sleep apnea, snoring, sinus) _____ | | | 42. chemotherapy, immunosuppressive medication _____ | | |
| 17. kidney disease _____ | | | 43. emotional difficulties _____ | | |
| 18. liver disease _____ | | | 44. psychiatric treatment _____ | | |
| 19. jaundice _____ | | | 45. antidepressant medication _____ | | |
| 20. thyroid, parathyroid disease, or calcium deficiency _____ | | | 46. alcohol / recreational drug use _____ | | |
| 21. hormone deficiency _____ | | | | | |
| 22. high cholesterol or taking statin drugs _____ | | | ARE YOU: | | |
| 23. diabetes (HbA1c = _____) _____ | | | 47. presently being treated for any other illness _____ | | |
| 24. stomach or duodenal ulcer _____ | | | 48. aware of a change in your health in the last 24 hours
(i.e. fever, chills, new cough, or diarrhea) _____ | | |
| 25. digestive disorders (i.e. celiac disease, gastric reflux) _____ | | | 49. taking medication for weight management _____ | | |
| 26. osteoporosis/osteopenia (i.e. taking bisphosphonates) _____ | | | 50. taking dietary supplements _____ | | |
| | | | 51. often exhausted or fatigued _____ | | |
| | | | 52. experiencing frequent headaches _____ | | |
| | | | 53. a smoker, smoked previously or use smokeless tobacco _____ | | |
| | | | 54. considered a touchy / sensitive person _____ | | |
| | | | 55. often unhappy or depressed _____ | | |
| | | | 56. taking birth control pills _____ | | |
| | | | 57. currently pregnant _____ | | |
| | | | 58. prostate disorders _____ | | |

Describe any current medical treatment, impending surgery, genetic/development delay, or other treatment that may possibly affect your dental treatment.
 (i.e. Botox, Collagen Injections)

List all medications, supplements, and or vitamins taken within the last two years.

Drug	Purpose	Drug	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING.

Patient's Signature _____ Date _____
 Doctor's Signature _____ Date _____