



Last Name 姓 _____ First Name 名字 _____ MI _____

Reason for today's visit 今天看牙医的主要原因是 _____

Last dental exam 上次看牙医是什么时候? _____ Last dental cleaning _____

Please check if any of the following applies and if you are on medication. 勾选, 并且请列出您在服用的药物:

- Cancer, if yes what type and surgery or chemotherapy? 癌症, 如果有是否做过化学治疗或手术

- Heart Disease 心脏病 Med _____
- Pace maker 心律调节器 Date _____
- High or Low Blood Pressure 高/低血压
- Diabetes 糖尿病 Med: _____
- Arthritis 风湿性关节炎
- Herpes or Cold Sores 疱疹
- Anemia or blood disorders 贫血 Med _____
- Abnormal bleeding after extractions, surgery or traumas 术后流血不止
- Asthma 哮喘病 Med _____
- Hepatitis/ Liver disease 肝炎或其他肝病
- Thyroid 甲状腺 Med _____
- Artificial knee, hip, joint, valve 人工关节, 膝盖, 腰
- AIDS/HIV 艾滋病 Med _____
- Tuberculosis or other lung disease 肺结核或者其他肺疾病
- Smoking 抽烟
- Pregnant 怀孕? How many months? 多久 _____
▶ Expected delivery date 预产期: _____
- Any type of implant Date _____
- Any type of transplant 器官移植 Date _____

Surgical, illness, diagnosis not listed above Please indicate type and year of the surgery. 您做过什么手术?

Other Medications 你在吃其他药物吗?

- Aspirin 阿司匹林
- Anticoagulants or blood thinners (ie Coumadin?) 抗凝血剂
- High/ blood pressure 高/低血压
- Cortisone or other Steroids Therapy in the last 2 years
- Osteoporosis 骨质疏松 (Bone density medicine)
▶ ie. FOSAMAX, ACTONEL, BONIVA, ZOMETA, AREDIA, if so how long? _____
- Hormone 荷尔蒙 or contraceptive pills 避孕药
▶ Note: antibiotics such as penicillin may alter the effectiveness of birth control pills. Consult with your physician/ gynecologist for assistance regarding additional methods of birth control.
- Other medications: please list the name and dosage 您是否服用其他药物

Allergies 您是否过敏

- Latex 橡胶制品
- Penicillin or any specific antibiotics 消炎药 / 抗生素
- Local anesthetics ie "Novocain"
- Codeine or other narcotics
- Sulfa drugs 磺胺类药
- Barbiturates, sedatives or sleeping pills 安眠药
- Aspirin 阿司匹林
- Other 其他 _____

Pharmacy address and telephone _____

Name of your physician _____ Office Phone _____

It is my responsibility to inform this office of any changes to my medical status and/or medication. 我有责任告知这个办公室我的医疗状况和/或药物的变化。

x _____
Signature of patient (or Legal Guardian) _____ Date _____