Lakeville Dental Associates

NEW MEDICAL HISTORY 9/2019

Patient Name:

Birth Date:

Date Created:

Are you under a physician's co Have you ever been hospitaliz	ire now?	0					
lave vou ever been hospitaliz			'es O No	If yes			er i language et e
	ed or had a major ope	eration? On	'es () No	If yes			
lave you ever had a serious l	nead or neck injury?	01	'es O No	If yes			
Have you ever taken Fosamax, Boniva, Actoriel or any other medications containing bisphosphonates?		my other O	res O No	If yes			
are you currently taking Coun or any other blood thinner?	adin, Warfarin, Eliquis	, Plavix O	res O No	If yes			
iave you ever been told you antibiotics prior to dental trea		with O	'es ONo				
o you have any dental probl	ems?	01	'es ONo	If yes			
ire you happy with your smile	27	01	'es O No				
Do you use tobacco?		01	'es 🔾 No				
omen: Are you	The second se						
Pregnant/Trying to get pre	jnant?	□ Nursing?				Taking oral contraceptiv	es?
e you allergic to any of the folk	owing?						
Aspirin	Penicillin			Codeine		Acrylic	erge og gran og generalle gran er grande skale
Metal	Latex			Sulfa Drugs		☐ Local Anesi	thetics
☐ Ibuprofen	Clindamy	ycin					
any other Allergies not listed a	bove?	Ο ν	'es () No	If yes			
my denter miler gres not ilsted a							
	ces?			· · · · · · · · · · · · · · · · · · ·			
Oo you use controlled substar Are you Taking any Medication Taking any Medication	ns?If Yes, Please list:	0	res (No	If yes			
Oo you use controlled substar Are you Taking any Medicatio Taking any Medicatio Medication You have, or have you had, a AIDS/HIV Positive	ns?If Yes, Please list: ny of the following? Yes \(\) No	O Y O Y	es O No	If yes	s () No	Kidney Problems	○Yes ○N
Oo you use controlled substar Are you Taking any Medication Are you have, or have you had, a AIDS/HIV Positive Alzheimer's Disease	ns?If Yes, Please list: ny of the following? Yes No Yes No	O Y O Y Drug Addictio	res O No	If yes OYe	s ONo	Leukemia	OYes ON
Do you use controlled substar Are you Taking any Medication You have, or have you had, a AIDS/HIM Positive Alzheimer's Disease Anaphylaws	ns?If Yes, Please list: ny of the following? Yes No Yes No	Orug Addictio Emphysema Epilepsy or Se	res No	If yes	s ONo	Leukemia Liver Disease	OYes ON
Do you use controlled substan are you Taking any Medication you have, or have you had, a AIDS/HIV Positive Alzheimer's Disease Anaphylaxis	ns?If Yes, Please list: ny of the following? Yes No Yes No Yes No Yes No	Orug Addiction Emphysema Epilepsy or Se Fainting Spell	res No No n n rizures	If yes Ye Ye Ye Ye	s ONo s ONo s ONo	Leukemia Liver Disease Low Blood Pressure	OYes ON OYes ON OYes ON
Oo you use controlled substan we you Taking any Medication you have, or have you had, a AIDS/HIV Positive Alzheimer's Disease Angina Artificial HeartValve	ns?If Yes, Please list: ny of the following? Yes No Yes No Yes No Yes No Yes No	Drug Addiction Emphysema Epilepsy or Se Fainting Spell Heart Attack/i	res No No n n rizures s/Dizziness	If yes Ye Ye Ye Ye Ye Ye	S O No S O No S O No	Leukemia Liver Disease Low Blood Pressure Mitral Valve Prolapse	OYes ON OYes ON OYes ON OYes ON
Oo you use controlled substan Are you Taking any Medication you have, or have you had, a AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Angina Artificial Heart Valve	ns?If Yes, Please list: ny of the following? Yes No Yes No Yes No Yes No Yes No Yes No	Drug Addictio Emphysema Epilepsy or Se Fainting Spell Heart Attack/i	res No	O Ye O Ye O Ye O Ye O Ye	S ONO S ONO S ONO S ONO	Leukemia Liver Disease Low Blood Pressure Mitral Valve Prolapse Osteoporosis	O Yes O N
oo you use controlled substar we you Taking any Medication you have, or have you had, a AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Angina Artificial Heart Valve Artificial Joint	ns?If Yes, Please list: ny of the following? Yes No	Drug Addictio Emphysema Epilepsy or Se Fainting Spell Heart Attack/l Heart Murmur	res O No res O No res O No res rizures s/Dizziness ailure ker	Yes Yes	S No S No S No S No S No S No	Leukemia Liver Disease Low Blood Pressure Mitral Valve Prolapse Osteoporosis Pain in Jaw Joints	O Yes O N
Do you use controlled substanted any Medication when you have, or have you had, a AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Angina Artificial Heart Valve Asthma Blood Disease	ns?If Yes, Please list: ny of the following? Yes No	Drug Addiction Emphysema Epilepsy or Sel Fainting Spell Heart Attack/I Heart Murmur Heart Pacema	res O No res O No res O No res rizures s/Dizziness ailure ker	Yes Yes	S No	Leukemia Liver Disease Low Blood Pressure Mitral Valve Prolapse Osteoporosis Pain in Jaw Joints Psyhiatric Care	O Yes O N
Do you use controlled substanter you Taking any Medication you have, or have you had, a AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Angina Artificial Heart Valve Artificial Joint Asthma Blood Disease Cancer	ns?If Yes, Please list: The following? Yes No	Drug Addiction Emphysema Epilepsy or Set Fainting Spell Heart Attack/il Heart Murmur Heart Pacema Heart Trouble Hemophilia	res O No res O No res O No res rizures s/Dizziness ailure ker	If yes Ye Ye Ye Ye Ye Ye Ye Yer	S No	Leukemia Liver Disease Low Blood Pressure Mitral Valve Prolapse Osteoporosis Pain in Jaw Joints Psyhiatric Care Radiation Treatments	O Yes O N
Do you use controlled substanter you Taking any Medication when you have, or have you had, a AIDS/HIV Positive Alzheimer's Disease Angina Artificial Heart Valve Artificial Joint Asthma	ns?If Yes, Please list: ny of the following? Yes No	Drug Addiction Emphysema Epilepsy or Sel Fainting Spell Heart Attack/I Heart Murmur Heart Pacema	res No res No res No res No res reizures s/Dizziness Failure ker /Disease	If yes Ye Ye Ye Ye Ye Ye Ye Ye Ye Y	No N	Leukemia Liver Disease Low Blood Pressure Mitral Valve Prolapse Osteoporosis Pain in Jaw Joints Psyhiatric Care Radiation Treatments Renal Dialysis	O Yes O N
oo you use controlled substanter you Taking any Medication when you have, or have you had, a AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Angina Artificial Heart Valve Artificial Joint Asthma Blood Disease Cancer Chemotherapy Chest Pains	ns?If Yes, Please list: ny of the following? Yes No	Drug Addiction Emphysema Epilepsy or Se Fainting Spell Heart Attack/I Heart Murmur Heart Pacema Heart Trouble Hemophika Hepatitis A	res No re	Yes Yes Yes Yes Yes Yes	No N	Leukemia Liver Disease Low Blood Pressure Mitral Valve Prolapse Osteoporosis Pain in Jaw Joints Psyhiatric Care Radiation Treatments	O Yes O N
oo you use controlled substanter you Taking any Medication when you have, or have you had, a AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Angina Artificial Heart Valve Asthma Blood Disease Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters	ns?If Yes, Please list: ny of the following?	Drug Addictio Emphysema Epilepsy or Se Fainting Spell Heart Attack/i Heart Murmur Heart Pacema Heart Trouble Hemophilia Hepatitis A Hepatitis B or	res No N	If yes Ye Ye Ye Ye Ye Ye Ye Ye Ye Y	No N	Leukemia Liver Disease Low Blood Pressure Mitral Valve Prolapse Osteoporosis Pain in Jaw Joints Psyhiatric Care Radiation Treatments Renal Dialysis Sickle Cell Disease	O Yes O N
Oo you use controlled substanted any Medication of the you have, or have you had, a AIDS/HIV Positive Alzheimer's Disease Anaphylaxés Angina Artificial Heart Valve Artificial Joint Asthma Blood Disease Cancer Chemotherapy Chest Pains Cold Sores/ Fever Blisters Congenital Heart Disorder	ns?If Yes, Please list: ny of the following? Yes No	Drug Addiction Emphysema Epilepsy or Seinting Spell Heart Attack/il Heart Pacema Heart Trouble Hemophilia Hepatitis A Hepatitis B or High Blood Pr	res No N	If yes Ye Ye Ye Ye Ye Ye Ye Ye Ye	S No	Leukemia Liver Disease Low Blood Pressure Mitral Valve Prolapse Osteoporosis Pain in Jaw Joints Psyhiatric Care Radiation Treatments Renal Dialysis Sickle Cell Disease Sinus Trouble	O Yes O N
Do you use controlled substant Are you Taking any Medication and M	ns?If Yes, Please list: ny of the following? Yes No Yes No	Drug Addiction Emphysema Epilepsy or Sa Fainting Spell Heart Attack/I Heart Murmur Heart Pacema Heart Trouble Hemophilia Hepatitis A Hepatitis B or High Blood Pr High Choleste	res No re	If yes Yes Yes Yes Yes Yes Yes Yes	No N	Leukemia Liver Disease Low Blood Pressure Mitral Valve Prolapse Osteoporosis Pain in Jaw Joints Psyhiatric Care Radiation Treatments Renal Dialysis Sickle Cell Disease Sinus Trouble Stroke	O Yes O N