

NEW MEDICAL HISTORY 9/2019

Patient Name:

Birth Date:

Date Created:

Although dental personnel primarily treat the area in and around your mouth, your mouth is a 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 you will receive. Thank you for answering the following questions.

Are you under a physician's care now? Have you ever been hospitalized or had a major operation? Have you ever had a serious head or neck injury? Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? Are you currently taking Coumadin, Warfarin, Eliquis, Plavix or any other blood thinner? Have you ever been told you need to premedicate with antibiotics prior to dental treatment? Do you have any dental problems? Are you happy with your smile? Do you use tobacco?

Women: Are you...

Pregnant/Trying to get pregnant? Nursing? Taking oral contraceptives?

Are you allergic to any of the following?

Aspirin, Metal, Ibuprofen, Penicillin, Latex, Clindamycin, Codeine, Sulfa Drugs, Acrylic, Local Anesthetics

Any other Allergies not listed above? Do you use controlled substances? Are you Taking any Medications? If Yes, Please list:

Empty box for listing medications.

Do you have, or have you had, any of the following?

Grid of medical conditions including AIDS/HIV Positive, Alzheimer's Disease, Anaphylaxis, Angina, Artificial Heart Valve, Artificial Joint, Asthma, Blood Disease, Cancer, Chemotherapy, Chest Pains, Cold Sores/ Fever Blisters, Congenital Heart Disorder, Convulsions, Diabetes, Drug Addiction, Emphysema, Epilepsy or Seizures, Fainting Spells/Dizziness, Heart Attack/Failure, Heart Murmur, Heart Pacemaker, Heart Trouble/Disease, Hemophilia, Hepatitis A, Hepatitis B or C, High Blood Pressure, High Cholesterol, Hypoglycemia, Irregular Heartbeat, Kidney Problems, Leukemia, Liver Disease, Low Blood Pressure, Mitral Valve Prolapse, Osteoporosis, Pain in Jaw Joints, Psychiatric Care, Radiation Treatments, Renal Dialysis, Sickle Cell Disease, Sinus Trouble, Stroke, Thyroid Disease, Tuberculosis.

Any other medical conditions not listed above:

Empty box for other medical conditions.

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

Signature of Patient, Parent or Guardian:

X

Date: