

Medical History

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

Are you under a physician's care now? If Yes Physician Name: Have you ever been hospitalized or had a major operation? Have you ever had a serious head or neck injury? Are you taking any medications, pills, or drugs? Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? Are you on a special diet? 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 Penicillin Latex Codeine Sulfa Drugs Acrylic Local Anesthetics

Do you use controlled substances? Other?

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

AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Emphysema Epilepsy or Seizures Excessive Bleeding Hypoglycemia Irregular Heartbeat Kidney Problems Eating Disorder Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease Auto Immune Disease Cortisone Medicine Diabetes Drug Addiction Herpes High Blood Pressure High Cholesterol Hives or Rash Sickle Cell Disease Sinus Trouble Spina Bifida Breathing Problems Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Yellow Jaundice Hemophilia Hepatitis A Hepatitis B or C Rheumatic Fever Rheumatism Scarlet Fever Shingles Asthma Blood Disease Blood Transfusion Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/Disease Premedication Needec Radiation Treatments Recent Weight Loss Renal Dialysis Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Fainting Spells/Dizziness Frequent Cough Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Osteoporosis Pain in Jaw Joints Parathyroid Disease Psychiatric Care Blood Thinner

Have you ever had any serious illness not listed

If you are using Oral Contraceptives, it is important that you understand that antibiotics and some other medicines may interfere with the effectiveness of oral contraceptives. Therefore, you will need to use mechanical forms of birth control for one complete cycle of birth control pills, after the course of antibiotics or other medication is completed. Please consult with a physician for further guidance.

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: \_\_\_\_\_