

MEDICAL AND DENTAL HISTORY

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.

Patient name:

Date of birth:

If you are currently under a physician's care please list the reason:

Physician's name:

Phone #:

Name of previous dentist:

Phone #:

Date of your last dental cleaning:

Date of your last dental x-rays:

Please list all medications you are currently taking including over the counter medicines:

Please circle if you are allergic or have reacted adversely to any of the following medications:

Aspirin

Local Anesthetic

Sulfa

Codeine

Nitrous Oxide

Tetracycline

Erythromycin

Penicillin

Valium

Latex

Percodan

Other: _____

Please circle if you have ever taken any of the following medications:

Actonel

Aredia

Boniva

Fosamax

Reclast

Zometa

Please circle any of the following problems/conditions that apply to you:

AIDS

High Blood Pressure

Tooth Sensitivity

Allergies (seasonal)

HIV Positive

Headaches, Earaches, or Neck Pain

Anemia

HPV (Human Papilloma Virus)

Jaw Joint Pain

Angina (chest pain)

Jaundice

Teeth or Fillings Breaking

Arthritis

Kidney Disease

Grinding or Clenching Teeth

Artificial Heart Valve

Low Blood Pressure

Bleeding, Swollen, or Irritated Gums

Artificial Joints

Mitral Valve Pressure

Loose or Shifting Teeth

Asthma

Nervousness/Depression

Bad Breath

Blood Disease

Pacemaker

Dentures

Bruise Easily

Pregnant (currently)

Partial Dentures

Cancer

Radiation (head/neck)

Braces

Chemotherapy

Respiratory Problems

Periodontal (gum) Treatments

Cortisone Medication

Rheumatic Fever

Dry Mouth

Diabetes

Rheumatism

Mouth Sores or Ulcers

Dizziness

Scarlet Fever

Use Tobacco Products

Drug Addiction

Seizures

Emphysema

Sinus Problems

Epilepsy

Sleep Apnea

Excessive Bleeding

Stomach Problems

Fainting

Stroke

Glaucoma

Thyroid Disease

Heart Conditions

Tuberculosis

Heart Lesions (congenital)

Ulcers

Heart Murmur

Venereal Diseases

Heart Surgery

Any Other Condition Not Listed _____

Hepatitis A

Hepatitis B

Hepatitis C

Signature of Patient, Parent or Guardian:

Date: