

## MEDICAL HISTORY

Your current physical health is

Good     Fair     Poor

Physician's Name \_\_\_\_\_

Physician's Phone \_\_\_\_\_

Are you currently under a physician's care?  Y  N

Please explain \_\_\_\_\_

Do you smoke or use tobacco products?  Y  N

**List any prescription or over the counter medications you are currently taking:**

Medication: \_\_\_\_\_ Used for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you allergic to any of the following?**

Y N Aspirin    Y N Erythromycin    Y N Latex  
Y N Codeine    Y N Metals (i.e. jewelry)    Y N Penicillin  
Y N Tetracycline    Y N Dental Anesthetics    Y N Other

**For Women:** Are you pregnant?  Y  N

due date \_\_\_\_\_

Are you nursing?  Y  N

## DENTAL HISTORY

How long since last dental exam? \_\_\_\_\_

Have you ever experienced unfavorable dental treatment?

Is there anything that you would like to change about your smile?  Y  N \_\_\_\_\_

Do you now have or have you ever experienced discomfort in your jaw joint (TMJ)?  Y  N

Have you ever whitened your teeth?  Y  N

Are you apprehensive about dental treatment?

Y  N

**Have you ever had any of the following diseases or medical conditions?**

Y N Allergies  
Y N Anemia  
Y N Angina/Chest Pains  
Y N Arthritis  
Y N Artificial Joints  
Y N Artificial Heart Valves  
Y N Asthma  
Y N Cancer/Chemotherapy/Radiation  
Y N Colitis  
Y N Congenital Heart Defect  
Y N Diabetes  
Y N Difficulty Breathing  
Y N Drug/Alcohol Abuse  
Y N Emphysema  
Y N Epilepsy/Seizures  
Y N Fainting Spells  
Y N Frequent Headaches  
Y N Frequent Mouth Sores  
Y N Glaucoma  
Y N Heart Attack  
Y N Heart Murmur  
Y N Heart Surgery  
Y N Hemophilia/Abnormal Bleeding  
Y N Hepatitis  
Y N High/Low Blood Pressure  
Y N HIV+/AIDS  
Y N Hospitalized  
Y N Hypothyroid/Hyperthyroid  
Y N Kidney Problems  
Y N Liver Disorder  
Y N Mitral Valve Prolapse  
Y N Pacemaker  
Y N Psychiatric Problems  
Y N Radiation Treatment  
Y N Rheumatic/Scarlet Fever  
Y N Shingles  
Y N Sinus Problems  
Y N Stroke  
Y N Tuberculosis  
Y N Tumor Benign/Malignant  
Y N Ulcers

**Have you ever taken Fosamax or any other Biophosphonate drug?**

Y  N

**Have you ever been treated for osteoporosis?**

Y  N

**Have you ever been treated for bone disease?**

Y  N

**Why are you now seeking dental treatment?**

\_\_\_\_\_

Pacemaker	Allergies	Heart Condition	Pre Med	No Epi	Latex	Nitrous Oxide	Other
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