

# MEDICAL HISTORY

Patient Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_  
 Name of Physician/and their specialty \_\_\_\_\_  
 Most recent physical examination \_\_\_\_\_ Purpose \_\_\_\_\_  
 What is your estimate of your general health?    Excellent    Good    Fair    Poor

- | <b>DO YOU HAVE or HAVE YOU EVER HAD:</b>                             | <b>YES</b> | <b>NO</b> | <b>YES</b>  | <b>NO</b> |
|--|------------|-----------|---|-----------|
| 1. hospitalization for illness or injury _____                       |            |           | 27. arthritis _____   |           |
| 2. an allergic reaction to   |            |           | 28. autoimmune disease _____<br>(i.e. rheumatoid arthritis, lupus, scleroderma)                                 |           |
| aspirin, ibuprofen, acetaminophen, codeine                           |            |           | 29. glaucoma _____  |           |
| penicillin   |            |           | 30. contact lenses _____  |           |
| erythromycin   |            |           | 31. head or neck injuries _____   |           |
| tetracycline   |            |           | 32. epilepsy, convulsions (seizures) _____  |           |
| sulfa  |            |           | 33. neurologic disorders (ADD/ADHD, prion disease) _____  |           |
| local anesthetic   |            |           | 34. viral infections and cold sores _____   |           |
| fluoride   |            |           | 35. any lumps or swelling in the mouth _____  |           |
| metals (nickel, gold, silver, _____)                                 |            |           | 36. hives, skin rash, hay fever _____   |           |
| latex  |            |           | 37. STI / STD / HPV _____   |           |
| other _____  |            |           | 38. hepatitis (type _____) _____  |           |
| 3. heart problems, or cardiac stent within the last six months _____ |            |           | 39. HIV / AIDS _____  |           |
| 4. history of infective endocarditis _____                           |            |           | 40. tumor, abnormal growth _____  |           |
| 5. artificial heart valve, repaired heart defect (PFO) _____         |            |           | 41. radiation therapy _____   |           |
| 6. pacemaker or implantable defibrillator _____                      |            |           | 42. chemotherapy, immunosuppressive medication _____  |           |
| 7. orthopedic implant (joint replacement) _____                      |            |           | 43. emotional difficulties _____  |           |
| 8. rheumatic or scarlet fever _____                                  |            |           | 44. psychiatric treatment _____   |           |
| 9. high or low blood pressure _____                                  |            |           | 45. antidepressant medication _____   |           |
| 10. a stroke (taking blood thinners) _____                           |            |           | 46. alcohol / recreational drug use _____   |           |
| 11. anemia or other blood disorder _____                             |            |           | <b>ARE YOU:</b>   |           |
| 12. prolonged bleeding due to a slight cut (INR > 3.5) _____         |            |           | 47. presently being treated for any other illness _____   |           |
| 13. emphysema, shortness of breath, sarcoidosis _____                |            |           | 48. aware of a change in your health in the last 24 hours<br>(i.e. fever, chills, new cough, or diarrhea) _____ |           |
| 14. tuberculosis, measles, chicken pox _____                         |            |           | 49. taking medication for weight management _____   |           |
| 15. asthma _____   |            |           | 50. taking dietary supplements _____  |           |
| 16. breathing or sleep problems (i.e. sleep apnea, snoring, sinus)   |            |           | 51. often exhausted or fatigued _____   |           |
| 17. kidney disease _____   |            |           | 52. experiencing frequent headaches _____   |           |
| 18. liver disease _____  |            |           | 53. a smoker, smoked previously or use smokeless tobacco _____  |           |
| 19. jaundice _____   |            |           | 54. considered a touchy / sensitive person _____  |           |
| 20. thyroid, parathyroid disease, or calcium deficiency _____        |            |           | 55. often unhappy or depressed _____  |           |
| 21. hormone deficiency _____   |            |           | 56. FEMALE - taking birth control pills _____   |           |
| 22. high cholesterol or taking statin drugs _____                    |            |           | 57. FEMALE - pregnant _____   |           |
| 23. diabetes (HbA1c = _____) _____                                   |            |           | 58. MALE - prostate disorders _____   |           |
| 24. stomach or duodenal ulcer _____                                  |            |           |   |           |
| 25. digestive disorders (i.e. celiac disease, gastric reflux) _____  |            |           |   |           |
| 26. osteoporosis/osteopenia (i.e. taking bisphosphonates) _____      |            |           |   |           |

Describe any current medical treatment, impending surgery, genetic/development delay, or other treatment that may possibly affect your dental treatment. (i.e. Botox, Collagen Injections)

List all medications, supplements, and or vitamins taken within the last two years.

| Drug  | Purpose | Drug  | Purpose |
|-------|---------|-------|---------|
| _____ | _____   | _____ | _____   |
| _____ | _____   | _____ | _____   |
| _____ | _____   | _____ | _____   |

**PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING.**

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_