

PATIENT MEDICAL HISTORY

PHYSICIAN OFFICE PHONE DATE OF LAST EXAM

Are you under medical treatment now? Have you ever been hospitalized for any surgical operation or serious illness? Are you taking any medication(s) including non-prescription medicine? Do you use tobacco? Do you use alcohol, cocaine or other drugs? Do you premedicate for dental treatment? 7. Are you allergic to or have you had any reactions to the following? 8. WOMEN ONLY: a) Are you pregnant or think you may be pregnant? b) Are you nursing? c) Are you taking birth control pills?

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

YES NO High Blood Pressure, Heart Attack, Rheumatic Fever, Swollen Ankles, Fainting / Seizures, Asthma, Low Blood Pressure, Epilepsy / Convulsions, Leukemia, Diabetes, Kidney Diseases, AIDS or HIV Infection, Thyroid Problem. YES NO Heart Disease, Cardiac Pacemaker, Heart Murmur, Angina, Frequently Tired, Anemia, Emphysema, Cancer, Arthritis, Joint Replacement or Implant, Hepatitis / Jaundice, Sexually Transmitted Disease, Stomach Troubles / Ulcers. YES NO Chest Pains, Easily Winded, Stroke, Hay Fever / Allergies, Tuberculosis, Radiation Therapy, Glaucoma, Recent Weight Loss, Liver Disease, Heart Trouble, Respiratory Problems, Other.

PATIENT DENTAL HISTORY

Do your gums bleed while brushing or flossing? Are your teeth sensitive to hot or cold liquids/foods? Are your teeth sensitive to sweet or sour liquids/foods? Do you feel pain to any of your teeth? Do you have any sores or lumps in or near your mouth? Have you had any head, neck or jaw injuries? Have you ever experienced any of the following problems in your jaw? 8. Do you have frequent headaches? 9. Do you clench or grind your teeth? 10. Do you bite your lips or cheeks frequently? 11. Have you ever had any difficult extractions in the past? 12. Have you had any orthodontic work? 13. Have you ever had prolonged bleeding following extractions? 14. Have you ever had instruction on the correct method of brushing your teeth? 15. Have you ever had instructions on the care of your gums?

I certify that I have read and understand all information. To the best of my knowledge, the above questions have been accurately answered. I understand that providing incorrect information can be dangerous to my health. 24 HOURS NOTICE MUST BE GIVEN IN THE EVENT OF A CANCELLATION, OTHERWISE THE USUAL CHARGE WILL BE APPLIED TO THE ACCOUNT.

SIGNATURE X PATIENT, PARENT OR GUARDIAN DATE

viewed by Doctor / Date