PATIENT NAME_____ DATE_____ DOB: _____

Dental History

Do you have any specific dental problem? Describe:_____

Do you have routine dental cleaning and exams? Last visit:_____
Do your gums ever bleed? Discuss_____
Do you ever have clicking, popping or discomfort in the jaw joint? _____
Do you smoke or chew?_____ Any sores or growths in your mouth? _____

MEDICAL HISTORY

Do you have a primary care physician? _____ Name:_____
Have you been hospitalized or had a major operation in the past year?_____
If so please list :_____
Are you taking any medications? Please list or provide a copy:_____
_____
Are your **allergic** to any medications or substances? _____ Please list:_____
_____
For **Women:** Pregnant ?____ Trying to get pregnant?_____ Nursing?_____ Taking oral contraceptives?____

PLEASE GO OVER THIS LIST AND CHECK ONLY THOSE THAT PERTAIN TO YOU

Do you have ,or have you had, any of the following conditions?			
○ Heart Trouble ○ Heart Murmur ○ Irregular heart beat ○ Heart Attack ○ Angina Chest pain ○ Stroke ○ MVP ○ Heart Valve ○ Heart Pacemaker ○ Heart surgery ○ **High Blood Pressure** ○ Low Blood Pressure ○ **Blood Thinner**	○ Blood disease ○ Blood Transfusion ○ Anemia ○ Bruise easily ○ Lung Disease ○ Breathing problems ○ Asthma ○ Tuberculosis ○ Frequent cough ○ Cancer ○ Radiation treatment ○ Chemotherapy ○ Intestinal disease ○ Ulcers ○ Arthritis ○ Gout	○ Diabetes ○ Hypoglycemia ○ Liver Disease ○ **Hepatitis A,B,C** ○ Yellow Jaundice ○ AIDS ○ HIV positive ○ Kidney Disease ○ Renal Dialysis ○ Thyroid Disease ○ **Epilepsy/seizures** ○ Dizziness ○ **Osteoporosis** ○ Drug Addiction ○ Glaucoma	○ Cold sores ○ Herpes ○ Tumors ○ Alzheimer's ○ Dementia ○ Psychiatric Care ○ Allergies ○ Hives/Rash ○ ○ **ARTIFICIAL JOINT** ○ _____year of replacement and is: ○ **Pre- Med Needed** (antibiotic)

Have you ever had a serious illness not checked above? Discuss_____
_____

X_____Date_____
Patient signature (parent or guardian)

Reviewed by Doctor_____Date_____

Office Use
Medical updates: **Date_____ Update_____ BP _____** **Date _____ Update _____**