

Patient Name _____

Date _____

Dental History

Are you visiting for a specific dental problem or emergency? Yes No

If so, please explain: _____

Do you have dental examinations on a routine basis? Yes No

When was your last visit? _____

Do you think you have active decay or gum disease? Yes No

If yes, please discuss? _____

Do you brush/floss on a routine basis? Yes No

Do your gums ever bleed? Yes No

If yes, how often and when? _____

Do you smoke or chew tobacco? Yes No

Do you know of any sores or growths in your mouth? Yes No

If yes, please discuss: _____

What was the date of your last full mouth series of x-rays (16 films or panoramic)? _____

Medical History

Are you currently under a physician's care Yes No

If yes, please list the reasons for care and physician's name: _____

Are you currently taking any medications, aspirin, vitamins, herbal supplements, pills or drugs? Yes No

If yes, please disclose: _____

Are you on a special diet? Yes No

Are you allergic to any medications or substances? Please check any that apply:

_Aspirin _Penicillin _Sulfa _Codeine _Acrylic _Metal _Latex/Rubber

_Milk _Iodine _Gluten

Women, please check if applicable : _Pregnant/trying to get pregnant _Nursing _Taking oral contraceptives

_Menopause _Post-Menopause

Bisphosphonate Therapy: _Fosamax _Actonel _Boniva _Aredia I.V. _Reclast I.V. _Zometa I.V.

Please carefully consider the following and check the conditions that apply to your past or present.

* If any starred conditions are checked, please call prior to your appointment (premedication or changes in medication may be required).

_Acid Reflux	_Allergies (medicines)	_Allergies (pollen/dust)	_Alzheimer's Disease
_Anemia	_Arthritis	_Artificial Heart Valve*	_Artificial Joint*
_Asthma	_Bacterial Endocarditis	_Cancer	_Cold Sores/Herpes
_Congenital Heart Disorder*		_Coronary Stent*	_Cortisone Medicine
_Depression	_Diabetes	_Drug Addiction/Alcoholism	_Emphysema/COPD
_Epilepsy/Seizure	_Ever taken fen-phen?	_Fainting/Dizziness	_Frequent Coughing
_Genital Herpes	_Glaucoma	_Gout	_Heart attack/Failure
_Heart disease	_Heart Surgery*	_Heart murmur or defect	_Hepatitis A (infectious)
_Hepatitis B or C	_High Blood Pressure	_HIV/AIDS	_Hypoglycemia
_Kidney problems	_liver problems	_Low blood pressure	_Mitral valve prolapse*
_Need premedication?	_Nervousness	_Osteonecrosis of the jaw	_Osteoporosis
_Pacemaker*	_Pain in jaw joints	_Psychiatric Care	_Pulmonary Shunt*
_Radiation Therapy/Chemotherapy		_Rheumatic Fever	_Rheumatism
_Scarlet Fever	_Sexually Transmitted Disease	_Shortness of breath	_Sickle Cell disease
_Sinus trouble	_Sleep Apnea	_Stroke	_Thyroid disease
_Tuberculosis	_Ulcers		