Patient Name				Date		
Dental History						
Are you visiting for a specific dental problem or emergency? If so, please explain:		Yes	No	No		
Do you have dental examinations on a routine basis? When was your last visit?		Yes	No			
Do you think you have active decay or gum disease? If yes, please discuss?		Yes	No			
Do you brush/floss on a routine basis? Do your gums ever bleed? If yes, how often and when?		Yes Yes	No No			
Do you smoke or chew tobacco?		Yes	No			
Do you know of any sores or growths in your mouth? If yes, please discuss: What was the date of your last full mouth series of x-rays (16		Yes	No			
What was the date of you	r last full mouth series of x-rays (1	6 films or panoran	nic)?			
Medical History Are you currently under a	Yes	No				
If yes, please list	the reasons for care and physician	's name:				
	ny medications, aspirin, vitamins,		ts, pills or drugs?	Yes No		
Are you allergic to any medications or substances? Please che _Aspirin _Penicillin _Sulfa _Codein _Milk _ lodine _Gluten		neck any that apply		_MetalLatex/Rubber		
Women, please check if a	et pregnant	pregnantNursingTaking oral contraceptivesPost-Menopause		contraceptives		
Bisphosphonate Therapy:	_FosamaxActonel	_Boniva	_Aredia I.V.	_Reclast I.V.	_Zometa I.V.	
	er the following and check the ons are checked, please call price			-	es in medication may	
Acid RefluxAllergies (medicines)		_Allergies (pol	_Allergies (pollen/dust)		_Alzheimer's Disease	
_AnemiaArthritis		_Artificial Hea	_Artificial Heart Valve*		_Artificial Joint*	
_AsthmaBacterial Endocarditis		_Cancer		_Cold Sores/Herpes		
_Congenital Heart Disorder*		_Coronary Ste	_Coronary Stent*		_Cortisone Medicine	
_Depression	-		on/Alcoholism	_Emphysema/COPD		
_Epilepsy/Seizure	_Ever taken fen-phen?	_Fainting/Dizz	iness	_Frequent Coughing		
_Genital Herpes	_Glaucoma	_Gout	<u> </u>			
_Heart disease	_Heart Surgery*	_Heart murmu	ır or defect	_Hepatitis A (infectious)		
_Hepatitis B or CHigh Blood Pressure		_HIV/AIDS		_Hypoglycemia		
		_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	- · · · · · · · · · · · · · · · · · · ·		_Shortness of breath		_Sickle Cell disease	
- · · ·		_Stroke		_Thyroid disea	ase	
_Tuberculosis	_Ulcers					