MEDICAL HISTORY

Name: (F) _____(M) _____ (Last) _____

Date of Birth: _____

Physician's Name: _____ Phone: _____

Name of previous Dentist: _____ Date of last cleaning? _____

Date of Last Dental Exam: _____ Date of Last x-rays: _____

Any dental concerns: _____

Have you been treated for periodontal disease (deep cleaning)? Yes No

Have you been hospitalized or had major surgery? Yes No List: _____
Do you use Tobacco? Yes No Specify_____
Do you use alcohol? Yes No Specify Usage _____
Are you taking illicit drugs? Yes No Specify _____
Are you taking any medication or vitamins? Yes No
Please List: _____

Are you allergic to any of the following? [ ] No Known Allergies
[ ] Acrylic [ ] Aspirin [ ] Codeine [ ] Iodine [ ] Latex [ ] Local Anesthetics [ ] Metal [ ] Penicillin
[ ] Sulfa Drugs [ ] Other ……..Please List & Explain _____

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

AIDS/HIV Positive	Yes	No	Herpes	Yes	No
Anemia	Yes	No	High Blood Pressure	Yes	No
Arthritis/Gout	Yes	No	Hives/Rash	Yes	No
Artificial Heart Valve	Yes	No	Hypoglycemia	Yes	No
Artificial Joint	Yes	No	Kidney Problems	Yes	No
Asthma	Yes	No	Leukemia	Yes	No
Blood Disease	Yes	No	Liver Disease	Yes	No
Cancer	Yes	No	Low Blood Pressure	Yes	No
Chemotherapy	Yes	No	Lung Disease	Yes	No
Congenital Heart Disorder	Yes	No	Mitral Valve Prolapse	Yes	No
Diabetes	Yes	No	Pain In Jaw Joints	Yes	No
Drug Addiction	Yes	No	Psychiatric Care	Yes	No
Epilepsy/Seizures	Yes	No	Radiation Treatments	Yes	No
Excessive Bleeding	Yes	No	Rheumatic Fever	Yes	No
Fainting Spells/Dizziness	Yes	No	Scarlet Fever	Yes	No
Frequent Headaches	Yes	No	Shingles	Yes	No
Heart Attack/Failure	Yes	No	Sinus Problems	Yes	No
Heart Murmur	Yes	No	Stomach Disease	Yes	No
Heart Pace Maker	Yes	No	Stroke	Yes	No
Hepatitis A	Yes	No	Thyroid Disease	Yes	No
Hepatitis B or C	Yes	No	Tuberculosis	Yes	No

Have you ever had any serious illness not listed above? _____

Women:
Pregnant/Trying …. Yes No Taking oral Contraceptives …. Yes No Nursing …. Yes No

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE
PATIENT/GUARDIAN'S SIGNATURE _____ DATE_____