

Medical History

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions to the best of your ability. Primary Care Physician: ______Phone: (___) ____-

Y N Cancer-Remission Y N Hepatitis B Y N Thyroid Problems Y N Congenital Heart Defect Y N Hepatitis C Y N Tuberculosis Y N Dementia/Alzheimer's Y N High Blood Pressure Y N Ulcers Y N Diabetes Y N Kidney Problems Y N Venereal Disease/STIC Y N Dialysis Y N Liver Disease Y N Smoke/Tobacco Use Allergies: Females Only: Y N Are you taking birth control pills? Y N Codeine Y N Are you nursing? Y N Are you pregnant? # of weeks Y N Jewelry Please list all medications that you are currently taking:	Y N Abnormal Bleeding		Y	Ν	Difficulty Breathing	Y	Ν	Low Blood Pressure
Y N Angina Pectoris Y N Fever Blisters/Cold Sores Y N Pre-Med Y N Arthritis Y N Frequent Headaches Y N Psychiatric Problems Y N Artificial Bones/Joints Y N HIV+/AIDS Y N Reflux Y N Artificial Heart Valve Y N Heart Attack Y N Seizures/Epilepsy Y N Artificial Heart Valve Y N Heart Murmur Y N Seizures/Epilepsy Y N Asthma Y N Heart Murmur Y N Sickle Cell Disease Y N Blood Thinner Y N Heart Surgery Y N Sinus Problems Y N Cancer-Chemotherapy Y N Heoptilia Y N Sleep Apnea Y N Cancer-Remission Y N Hepatitis B Y N Thyroid Problems Y N Cancer-Remission Y N H	Y N Allergies		Y	Ν	Drug Abuse	Y	Ν	Mitral Valve Prolapse
Y N Arthritis Y N Frequent Headaches Y N Psychiatric Problems Y N Artificial Bones/Joints Y N HIV+/AIDS Y N Reflux Y N Artificial Heart Valve Y N Heart Attack Y N Seizures/Epilepsy Y N Asthma Y N Heart Attack Y N Seizures/Epilepsy Y N Asthma Y N Heart Murmur Y N Sickle Cell Disease Y N Blood Thinner Y N Heart Surgery Y N Sinus Problems Y N Cancer-Chemotherapy Y N Hemophilia Y N Sleep Apnea Y N Cancer-Radiation Y N Hepatitis A Y N Thyroid Problems Y N Cancer-Remission Y N Hepatitis C Y N Tuberculosis Y N Dementia/Alzheimer's Y N Kidney Problems	Y N Anemia		Y	Ν	Fainting Spells	Y	Ν	Pace Maker
Y N Artificial Bones/Joints Y N HIV+/AIDS Y N Reflux Y N Artificial Heart Valve Y N Heart Attack Y N Seizures/Epilepsy Y N Asthma Y N Heart Murmur Y N Seizures/Epilepsy Y N Asthma Y N Heart Murmur Y N Sickle Cell Disease Y N Blood Thinner Y N Heart Surgery Y N Sinus Problems Y N Cancer-Chemotherapy Y N Heaptitis A Y N Sleep Apnea Y N Cancer-Remission Y N Hepatitis B Y N Tuberculosis Y N Congenital Heart Defect Y N Hepatitis C Y N Tuberculosis Y N Dementia/Alzheimer's Y N High Blood Pressure Y N Ulcers Y N Dialysis Y N Kidney Problems <td< td=""><td>Y N Angina Pectoris</td><td></td><td>Y</td><td>Ν</td><td>Fever Blisters/Cold Sores</td><td>Y</td><td>Ν</td><td>Pre-Med</td></td<>	Y N Angina Pectoris		Y	Ν	Fever Blisters/Cold Sores	Y	Ν	Pre-Med
Y N Artificial Heart Valve Y N Heart Attack Y N Seizures/Epilepsy Y N Asthma Y N Heart Murmur Y N Sickle Cell Disease Y N Blood Thinner Y N Heart Surgery Y N Sickle Cell Disease Y N Cancer-Chemotherapy Y N Heart Surgery Y N Sickle Cell Disease Y N Cancer-Chemotherapy Y N Hemophilia Y N Sickle Cell Disease Y N Cancer-Remission Y N Hepatitis A Y N Stroke Y N Cancer-Remission Y N Hepatitis C Y N Tuberculosis Y N Congenital Heart Defect Y N High Blood Pressure Y N Ulcers Y N Diabetes Y N Kidney Problems Y N Venereal Disease/STI Y N Dialysis Y N Are you	Y N Arthritis		Y	Ν	Frequent Headaches	Y	Ν	Psychiatric Problems
Y N Asthma Y N Heart Murmur Y N Sickle Cell Disease Y N Blood Thinner Y N Heart Surgery Y N Sinus Problems Y N Cancer-Chemotherapy Y N Hemophilia Y N Sleep Apnea Y N Cancer-Radiation Y N Hemophilia Y N Stroke Y N Cancer-Remission Y N Hepatitis B Y N Thyroid Problems Y N Congenital Heart Defect Y N Hepatitis C Y N Tuberculosis Y N Diabetes Y N High Blood Pressure Y N Ulcers Y N Diabetes Y N Kidney Problems Y N Venereal Disease/STIC Y N Dialysis Y N Liver Disease Y N Smoke/Tobacco Use Allergies: Y N Are you nursing? N N Smoke/Tobacco U	Y N Artificial Bones/Joints		Y	Ν	HIV+/AIDS	Y	Ν	Reflux
Y N Blood Thinner Y N Heart Surgery Y N Sinus Problems Y N Cancer-Chemotherapy Y N Hemophilia Y N Sleep Apnea Y N Cancer-Radiation Y N Hepatitis A Y N Stroke Y N Cancer-Remission Y N Hepatitis B Y N Thyroid Problems Y N Congenital Heart Defect Y N Hepatitis C Y N Tuberculosis Y N Dementia/Alzheimer's Y N High Blood Pressure Y N Ulcers Y N Diabetes Y N Kidney Problems Y N Venereal Disease/STI Y N Dialysis Y N Liver Disease Y N Smoke/Tobacco Use Allergies: Females Only: Y N Are you nursing? N Smoke/Tobacco Use Y N Aspirin Y N Are you nursing? Y N <td>Y N Artificial Heart Valve</td> <td></td> <td>Y</td> <td>Ν</td> <td>Heart Attack</td> <td>Y</td> <td>Ν</td> <td>Seizures/Epilepsy</td>	Y N Artificial Heart Valve		Y	Ν	Heart Attack	Y	Ν	Seizures/Epilepsy
Y N Cancer-Chemotherapy Y N Hemophilia Y N Sleep Apnea Y N Cancer-Radiation Y N Hepatitis A Y N Stroke Y N Cancer-Remission Y N Hepatitis B Y N Thyroid Problems Y N Congenital Heart Defect Y N Hepatitis C Y N Tuberculosis Y N Dementia/Alzheimer's Y N High Blood Pressure Y N Ulcers Y N Diabetes Y N Kidney Problems Y N Venereal Disease/STI Y N Dialysis Y N Liver Disease Y N Smoke/Tobacco Use Allergies: Females Only: Y N Codeine Y N Are you pregnant? # of weeks Y N Jewelry Please list all medications that you are currently taking: Y N Metals	Y N Asthma		Y	Ν	Heart Murmur	Y	Ν	Sickle Cell Disease
Y N Cancer-Radiation Y N Hepatitis A Y N Stroke Y N Cancer-Remission Y N Hepatitis B Y N Thyroid Problems Y N Congenital Heart Defect Y N Hepatitis C Y N Tuberculosis Y N Dementia/Alzheimer's Y N High Blood Pressure Y N Ulcers Y N Diabetes Y N Kidney Problems Y N Venereal Disease/STI Y N Dialysis Y N Liver Disease Y N Smoke/Tobacco Use Allergies: Females Only: Y N Codeine Y N Are you taking birth control pills? Y N Dental Anesthetics Y N Are you pregnant? # of weeks Y N Jewelry Please list all medications that you are currently taking: Y N Metals	Y N Blood Thinner		Y	Ν	Heart Surgery	Y	Ν	Sinus Problems
Y N Cancer-Remission Y N Hepatitis B Y N Thyroid Problems Y N Congenital Heart Defect Y N Hepatitis C Y N Tuberculosis Y N Dementia/Alzheimer's Y N High Blood Pressure Y N Ulcers Y N Diabetes Y N Kidney Problems Y N Venereal Disease/STI Y N Dialysis Y N Liver Disease Y N Smoke/Tobacco Use Allergies: Females Only: Y N Are you taking birth control pills? Y N Codeine Y N Are you nursing? Y N Are you pregnant? # of weeks Y N Jewelry Please list all medications that you are currently taking:	Y N Cancer-Chemotherapy		Y	Ν	Hemophilia	Y	Ν	Sleep Apnea
Y N Congenital Heart Defect Y N Hepatitis C Y N Tuberculosis Y N Dementia/Alzheimer's Y N High Blood Pressure Y N Ulcers Y N Diabetes Y N Kidney Problems Y N Venereal Disease/STI Y N Dialysis Y N Liver Disease Y N Smoke/Tobacco Use Allergies: Females Only: N Are you taking birth control pills? Y N Codeine Y N Are you pregnant? # of weeks Y N Dental Anesthetics Y N Are you pregnant? # of weeks Y N Jewelry Please list all medications that you are currently taking: Y N Metals	Y N Cancer-Radiation		Y	Ν	Hepatitis A	Y	Ν	Stroke
Y N Dementia/Alzheimer's Y N High Blood Pressure Y N Ulcers Y N Diabetes Y N Kidney Problems Y N Venereal Disease/STI Y N Dialysis Y N Liver Disease Y N Smoke/Tobacco Use Allergies: Y N Aspirin Y N Are you taking birth control pills? Y N Codeine Y N Are you pregnant? # of weeks Y N Sulfa Y N Y N Jewelry Please list all medications that you are currently taking: Y N Metals	Y N Cancer-Remission		Y	Ν	Hepatitis B	Y	Ν	Thyroid Problems
Y N Diabetes Y N Kidney Problems Y N Venereal Disease/STI Y N Dialysis Y N Liver Disease Y N Smoke/Tobacco Use Allergies: Females Only: Y N Aspirin Y N Are you taking birth control pills? Y N Codeine Y N Are you nursing? Y N Dental Anesthetics Y N Are you pregnant? # of weeks Y N Jewelry Please list all medications that you are currently taking: Y N Metals	Y N Congenital Heart Defec	t	Y	Ν	Hepatitis C	Y	Ν	Tuberculosis
Y N DialysisY N Liver DiseaseY N Smoke/Tobacco UseAllergies:Females Only:Y N AspirinY N Are you taking birth control pills?Y N CodeineY N Are you nursing?Y N Dental AnestheticsY N Are you pregnant? # of weeksY N SulfaPlease list all medications that you are currently taking:Y N Latex	Y N Dementia/Alzheimer's		Y	Ν	High Blood Pressure	Y	Ν	Ulcers
Allergies: Females Only: Y N Aspirin Y N Are you taking birth control pills? Y N Codeine Y N Are you nursing? Y N Dental Anesthetics Y N Are you pregnant? # of weeks Y N Sulfa Please list all medications that you are currently taking: Y N Latex	Y N Diabetes		Y	Ν	Kidney Problems	Y	Ν	Venereal Disease/STD
YNAspirinYNAre you taking birth control pills?YNCodeineYNAre you nursing?YNDental AnestheticsYNAre you pregnant? # of weeksYNSulfaPlease list all medications that you are currently taking:YNJewelryPlease list all medications that you are currently taking:YNLatex	Y N Dialysis		Y	Ν	Liver Disease	Y	Ν	Smoke/Tobacco Use
Y N Codeine Y N Are you nursing? Y N Dental Anesthetics Y N Are you pregnant? # of weeks Y N Sulfa Please list all medications that you are currently taking: Y N Jewelry Please list all medications that you are currently taking: Y N Latex	Allergies:	Fer	ma	les	<u>Only:</u>			
Y N Dental Anesthetics Y N Are you pregnant? # of weeks Y N Sulfa Y N Jewelry Y N Jewelry Please list all medications that you are currently taking: Y N Latex	•							
Y N Sulfa Y N Jewelry Y N Latex Y N Metals Y N Penicillin Y N Tetracycline		, ,						
Y N Jewelry Please list all medications that you are currently taking: Y N Latex		Y	Ν	A	re you pregnant? # of week	S		_
Y N Latex Y N Metals Y N Penicillin Y N Penicillin Y N Tetracycline								
Y N Metals		Please list all medications that you are currently taking:						
Y N Penicillin Any other medical conditions not listed please describe: Y N Tetracycline								
Y N Tetracycline								
		Any other medical conditions not listed please describe:						
Other:	•							
	Other:							



Why are you seeking dental care at this time?

You feel your dental health is: Good/Fair/Poor

Approximate date of your last checkup/cleaning? _____

Why did you leave your previous dentist? _____

Is there anything we can do to better accommodate you during your visit?

Have you been told by your physician that you require antibiotics before dental treatment? Yes/No

- Y N Is it important for you to keep your teeth?
- Y N Are you satisfied with the appearance of your teeth?
- Y N Are you satisfied with the function of your teeth?
- Y N Does food frequently get caught between your teeth?
- Y N Do your gums often bleed while brushing?
- Y N Have you noticed loosening of your teeth?
- Y N Have you ever injured your teeth, head, neck or jaw?
- Y N Do you have difficulty eating or swallowing?
- Y N Do you have dry mouth?
- Y N Have you had a change in your ability to taste foods?
- Y N Are your teeth sensitive to hot or cold?
- Y N Do you experience bad breath?

Problems of the jaw-Have you noticed:

- Y N Clicking of the jaw?
- Y N Pain (joint, ear, side of face)?
- Y N Difficulty opening or closing?
- Y N Difficulty chewing?

Oral Habits: Do you?

Y N Clench or grind your teeth?

Y N Bite your lips or cheeks frequently?

Have you had:

- Y N Orthodontic treatment? (Braces)
- Y N Oral Surgery?
- Y N Gum treatment?
- Y N A bite guard/nightguard or other appliance?
- Y N Oral cancer?

Do you currently have:

- Y N Dental pain?
- Y N Sores or swelling in your mouth?
- Y N A partial/full denture?
- Y N Dental implants?

Do you have any dental anxiety? Yes/No Have you had any difficulty with dental treatment in the past? Yes/No Please explain: ______

How often do you brush your teeth? _____ How often do you floss? _____