

Medical History

Although dental personnel 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.

Are you under a physician's care now? _____ If yes, please explain: _____

Have you recently been hospitalized or had a major operation? _____

Are you taking any medications, pills, or drugs? _____ List: _____

Do you use tobacco? _____

Women are you pregnant/trying to get pregnant/nursing/taking oral contraceptives? _____

Are you allergic to any drugs, medications, or latex? _____

Do you have, or have you had any of the following? If yes please circle

Aids/ HIV Positive	Epilepsy or Seizures	Kidney Problems
Anaphylaxis	Excessive Bleeding	Liver Disease
Angina	Fainting Spells/Dizziness	Lung Disease
Artificial Heart Valve	Frequent Headaches	Mitral Valve Prolapse
Artificial Joint	Glaucoma	Pain in Jaw Joints
Asthma	Heart Attack / Failure	Psychiatric Care
Breathing Problem	Heart Murmur	Renal Dialysis
Bruise Easily	Heart Pace Maker	Stomach / Intestinal Disease
Cancer	Heart Trouble / Disease	Sickle Cell Disease
Chemotherapy or Radiation	Hemophilia	Stroke
Chest Pains	Hepatitis A, B, C	Swelling of Limbs
Congenital Heart Disorder	High Blood Pressure	Low Blood Pressure
Easily Winded	Hives or Rash	Thyroid Disease
Emphysema	Irregular Heartbeat	Tuberculosis
Tumors or Growths	Ulcers	Diabetes
Blood Thinners		

Comments:

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in my medical status.

Print (patient) Name _____

Patient's Signature _____

Date _____