MEDICAL HISTORY

Patient Name_____ Nickname_____ Age_____

Name of Physician/and their specialty _____

Most recent physical examination _____ Purpose _____

What is your estimate of your general health? ❑ Excellent ❑ Good ❑ Fair ❑ Poor

HAVE YOU EVER HAD THE FOLLOWING:	YES	NO
1. hospitalization for illness or injury	❑	❑
2. allergic reaction to		
❑ aspirin, ibuprofen, acetaminophen		
❑ penicillin		
❑ erythromycin		
❑ tetracycline		
❑ codeine		
❑ local anesthetic		
❑ fluoride		
❑ metals (gold, stainless steel)		
❑ latex		
❑ any other medications _____		
3. heart problems	❑	❑
4. heart murmur	❑	❑
5. rheumatic fever	❑	❑
6. scarlet fever	❑	❑
7. high blood pressure	❑	❑
8. low blood pressure	❑	❑
9. a stroke	❑	❑
10. artificial prosthesis (i.e. heart valve or joints)	❑	❑
11. anemia or other blood disorder	❑	❑
12. prolonged bleeding due to a slight cut	❑	❑
13. emphysema	❑	❑
14. tuberculosis	❑	❑
15. asthma	❑	❑
16. sinus problems	❑	❑
17. kidney disease	❑	❑
18. liver disease	❑	❑
19. jaundice	❑	❑
20. thyroid or parathyroid disease	❑	❑
21. hormone deficiency	❑	❑
22. high cholesterol	❑	❑
23. diabetes	❑	❑
24. stomach or duodenal ulcer	❑	❑

	YES	NO
25. digestive disorders	❑	❑
26. arthritis	❑	❑
27. glaucoma	❑	❑
28. contact lenses	❑	❑
29. head or neck injuries	❑	❑
30. epilepsy, convulsions (seizures)	❑	❑
31. viral infections and cold sores	❑	❑
32. any lumps or swelling in the mouth	❑	❑
33. hives, skin rash, hay fever	❑	❑
34. venereal disease	❑	❑
35. hepatitis (type ___)	❑	❑
36. HIV / AIDS	❑	❑
37. tumor, abnormal growth	❑	❑
38. radiation therapy	❑	❑
39. chemotherapy	❑	❑
40. emotional problems	❑	❑
41. psychiatric treatment	❑	❑
42. antidepressant medication	❑	❑
43. alcohol / drug dependency	❑	❑
ARE YOU:		
44. presently being treated for any other illness	❑	❑
45. aware of a change in your general health	❑	❑
46. taking medication for osteoporosis/osteopenia	❑	❑
47. often exhausted or fatigued	❑	❑
48. subject to frequent headaches	❑	❑
49. a heavy smoker (1 pack or more a day)	❑	❑
50. considered a touchy person	❑	❑
51. often unhappy or depressed	❑	❑
52. easily upset or irritated	❑	❑
53. FEMALE - taking birth control pills	❑	❑
54. FEMALE - pregnant	❑	❑
55. MALE - Prostate disorders	❑	❑

Describe any current medical treatment, impending surgery, or other treatment that may possibly affect your dental treatment

_____

List any medications, supplements, and or vitamins taken within the last two years

Drug	Purpose	Drug	Purpose

Ask for an additional sheet if you are taking more than 6 medications

PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING.

Patient's Signature_____ Date_____

Doctor's Signature_____ Date_____