

MEDICAL and DENTAL HISTORY

Patient's Name _____ Referral Dentist _____ Date _____

Address _____ Home Phone _____ Bus. Phone _____

City _____ State _____ Zip _____ DOB _____ SS# _____

The following information is essential for this office to provide dental care in a manner that is compatible with your general health. Your cooperation in providing accurate information is necessary to meet your dental needs safely and efficiently. Incorrect information can be dangerous to your health, and is essential to comply with our liability insurance guidelines.

MEDICAL HISTORY

Name of Physician _____ Phone _____

Are you currently under the care of a physician? If yes, for what reason or condition? _____

Are you currently taking any medication? If yes, what medication and for what reason or condition? _____

Have you ever HAD or BEEN TREATED FOR:

1. Allergic reactions to medication? List any other allergic reactions or side effects. _____
2. Heart trouble, heart attack, angina, heart surgery, a pacemaker or irregular beats? _____
3. Rheumatic fever, rheumatic heart disease, heart murmur or congenital heart disease? _____
4. Have you ever had any major operations? _____ If yes, describe. _____
5. Hepatitis, jaundice or liver disease? _____
6. Diabetes? _____
7. Stroke, convulsions or fainting spells in a dental office? _____
8. Venereal disease or AIDS? _____
9. Have you consulted, or been treated by, a psychiatrist, psychologist or counselor? If yes, describe. _____
10. Do you need to premedicate with antibiotics before dental treatment? _____
11. Abnormal blood pressure, excessive bleeding or anemia? _____
12. Cancer, x-ray treatments or chemotherapy? _____
13. Kidney problems or renal dialysis? _____
14. Have you ever had a serious injury to your head or neck? If yes, describe. (including teeth) _____
15. Arthritis or rheumatism? _____
16. Stomach intestinal disease or ulcers? _____
17. For women, are you pregnant? _____
18. Are you claustrophobic? _____
19. Are there any other problems about your health of which you are aware? _____