MEDICAL HISTORY

DATE:_____

PATIENTS NAME:_____ DATE OF BIRTH:_____

PATIENT PH # _____ EMERG CONTACT:_____#_____

PHYSICIANS NAME:_____LAST EXAM:_____

PHARMACY: NAME :_____#_____ADDRESS:_____

YES	NO	
[]	[]	ARE YOU UNDER MEDICAL CARE NOW?
[]	[]	HAVE YOU EVER BEEN HOSPITALIZED FOR ANY OPERATION OR SERIOUS ILLNESS?

YES	NO	
[]	[]	DO YOU SMOKE/CHEW TOBACCO?
[]	[]	DO YOU DRINK ALCOHOL?
[]	[]	COCAINE/OTHER DRUGS?

ALLERGIC REACTIONS TO THE FOLLOWING?

YES	NO		YES	NO	
[]	[]	SULFA	[]	[]	LOCAL ANESTHETICS
[]	[]	PENICILLIN	[]	[]	LATEX
[]	[]	ASPIRIN	[]	[]	PEANUT
[]	[]	SEDATIVES	[]	[]	OTHER PLEASE LIST:

_____

_____

YES	NO	
[]	[]	WOMEN: ARE YOU PREGNANT?
[]	[]	TAKING BIRTH CONTROL?
[]	[]	ARE YOU TAKING ANY MEDICATIONS?

IF YES, PLEASE LIST ALL:_____

_____

_____

_____

_____

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DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING?

YES	NO		YES	NO		YES	NO	
[]	[]	ASTHMA/EMPHYSEMA/OTHER	[]	[]	HEADACHES	[]	[]	PACEMAKER
[]	[]	ANEMIA	[]	[]	HEAD OR NECK INJURIES	[]	[]	RADIATION THERAPY
[]	[]	BONE DENSITY TREATMENT	[]	[]	HEART DISEASE/TROUBLE	[]	[]	RHEUMATIC FEVER
[]	[]	CANCER	[]	[]	HIGH/LOW BLOOD PRESSURE	[]	[]	STD/AIDS/HIV
[]	[]	CHEST PAIN/ANGINA	[]	[]	JOINT REPLACEMENT/IMPLANT	[]	[]	STOMACH TROUBLE
[]	[]	DIABETES	[]	[]	KIDNEY DISEASE	[]	[]	STROKE
[]	[]	EPILEPSY/SEIZURES	[]	[]	LEUKEMIA	[]	[]	THYROID PROBLEM
[]	[]	GLAUCOMA	[]	[]	LIVER DISEASE/JAUNDICE/HEPATITIS	[]	[]	TUBERCULOSIS

ANY OTHER MEDICAL PROBLEMS:_____

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DENTAL HISTORY

YES	NO	
[]	[]	DO YOUR GUMS BLEED?
[]	[]	SENSITIVITY TO HOT/COLD?
[]	[]	DO YOU FEEL PAIN IN ANY TEETH?
[]	[]	DO YOU BITE YOUR LIPS/CHEEKS?
[]	[]	HAVE YOU HAD DIFFICULT EXTRACTIONS?
[]	[]	HAVE YOU HAD BRUSHING FLOSSING INSTRUCTIONS?

YES	NO	
[]	[]	DO YOU CLENCH OR GRIND?
[]	[]	ANY PAIN/CLICKING IN YOUR JAW?
[]	[]	DIFFICULTY OPENING/CLOSING MOUTH?
[]	[]	ANY LUMPS/SORES IN/NEAR MOUTH?
[]	[]	HAVE YOU HAD ORTHODONTIC WORK?

WHAT WOULD YOU LIKE TO CHANGE OR WHAT DO YOU NOT LIKE ABOUT THE APPEARANCE OF YOUR TEETH.....
(IE., COLOR, SPACES, SHAPE, OR FILLINGS)?

_____

_____

SIGNATURE (Patient or Guardian)_____**DATE**_____