CONFIDENTAL MEDICAL/DENTAL HISTORY - FOR OFFICE USE ONLY

The thoroughness of this medical history is designed for your safety. Your complete answers will assist us in treating your needs.

YOUR CURRENT PHYSICAL HEALTH IS: GOOD FAIR POOR YOUR LAST PHYSICAL EXAM WAS:_____
PHYSICIANS NAME AND PHONE NUMBER:_____

Please use the back of this sheet should you need additional room to answer the following Y/N questions.

Y N Have you been hospitalized within the past 2 years? If so, for what?_____
Y N Are you currently being treated by a physician? If so, for what?_____
Y N Are you currently taking any drugs or medications? If so, which ones and for what?_____
_____
Y N Are you allergic to any drugs? If so, which ones?_____
Y N Have you had a skin rash or other reaction to metal jewelry? _____
Y N Do you prefer non-metal restorations?_
Y N Do you bleed excessively upon injury or have been told that you are a hemophiliac?
Y N Are you pregnant, on birth control or are you nursing a child?
Y N Have you had joint replacement?
Y N Have you had radiation to the head and or neck?
Y N Do you experience chest pains or shortness of breath upon exertion?
Y N Do you experience swollen ankles?
Y N Do you smoke cigarettes? If so, how many per day?___How many years have you been smoking?__
Y N Have you ever been told that you have TMJ or have you experienced jaw joint pain or popping? And/or do you clench or grind your teeth?_____
Y N Have you ever taken medications for weight control? If so, which ones?_____
Y N Have you ever been advised to take antibiotics prior to dental treatment? If so, why?_____
Y N Are you being treated for osteoporosis? If so, how?_____

CIRCLE ANY OF THE FOLLOWING CONDITIONS THAT YOU HAVE HAD

ARTHRITIS	EPILEPSY	HIGH BLOOD PRESSURE	STROKE
ASTHMA	GLAUCOMA	LOW BLOOD PRESSURE	PACEMAKER
CANCER	HEART MURMER	KIDNEY PROBLEMS	HEPATITIS
DIABETES	HEART PROBLEMS	RHUEMATIC FEVER	HIV/AIDS
TUBERCULOSIS	LATEX ALLERGY	THYROID CONDITION	
SEXUALLY	LIVER DISEASE	RECENT CHEMOTHERAPY	
TRANSMITTED	MITRO VALVE PROLAPSE		
DISEASES	OTHER: _____		

WHAT PROMPTED YOU TO CALL FOR AN APPOINTMENT? _____
_____
WHAT DO YOU HOPE TO ACCOMPLISH FROM TODAYS VISIT? _____
_____
TO MAKE YOUR VISIT AS PLEASANT AS POSSIBLE, ARE THERE ANY PROBLEMS, ISSUES OR CHALLENGES YOU WOULD LIKE US TO KNOW? _____
_____
WHAT IS THE TIME, ECONOMIC OR OTHER CONSIDERATIONS YOU WILL WANT US TO UNDERSTAND? _____
ARE YOU SATISFIED WITH THE APPEARANCE OF YOUR TEETH? IF NOT, WHAT IS IT THAT YOU WOULD LIKE TO CHANGE?_____
HAVE YOU EVER CONSIDERED WHITENING OR STRAIGHTENING YOUR TEETH? _____
WHAT ELSE WOULD YOU LIKE US TO KNOW BUT DID NOT ASK?_____