MEDICAL HISTORY

Legal Name: _____ Nickname_____ Date of Birth _____

Name of Physician/and their specialty_____

Most recent physical examination_____ Purpose_____

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

Do you Have or Ever had:	Yes	No		Yes	No
1. hospitalization for illness or injury?			25. digestive disorders (i.e. celiac disease, gastric reflux, bulimia, anorexia)		
2. an allergic reaction to the following?			26. osteoporosis/osteopenia or ever taken anti-resorptive medication (i.e. bisphosphonates)		
- aspirin, ibuprofen, acetaminophen			27. arthritis or gout		
- penicillin, erythromycin			28. autoimmune disease		
- sulfa			(i.e. rheumatoid arthritis, lupus, scleroderma)		
- tetracycline			29. glaucoma/cataract		
- codeine			30. wear contact lenses		
- local anesthetic			31 head or neck injuries		
- fluoride or SLS			32. epilepsy, convulsions (seizures)		
-chlorhexidine (CHX)			33. neurologic disorders (ADD/ADHD, prion disease)		
- metals (gold, nickel, stainless steel)			34. viral infections and cold sore		
- latex			35. any lumps or swelling in the mouth		
-nuts, fruit, milk or shellfish			36. hives, skin rash, hay fever		
- red dye			37. STI/STD/HPV		
- other (please specify)			38. hepatitis (type ___)		
3. heart problem, or cardiac stent within the last six months			39. HIV/AIDS		
4. history of infective endocarditis			40. tumor, abnormal growth, cancer		
5. artificial heart valve, repaired heart defect (PFO)			41. radiation therapy		
6. pacemaker or implantable defibrillator			42. chemotherapy., immunosuppressive medication		
7. orthopedic or soft tissue implant (i.e. joint replacement, breast implant)			43. emotional difficulties		
8. heart murmur, rheumatic or scarlet fever			44. psychiatric treatment or antidepressant medication		
9 high or low blood pressure			45. concentration problems or ADD/ADHD diagnosis		
10. stroke (taking blood thinners?)			46. alcohol/recreational drug use		
11. anemia or other blood disorder			47. speech difficulties or delayed growth at any time		
12. prolonged bleeding or easily bruised			**ARE YOU?**		
13. emphysema, shortness of breath, sarcoidosis			48. presently being treated for any other illness		
14. tuberculosis, measles, chicken pox			49. aware of a change in your general health in the last 24 hrs		
15. breathing problems (i.e. asthma, stuffy nose, sinus congestion)			(i.e. fever, chills, new cough, or diarrhea)		
16. sleep problems (i.e. sleep apnea, snoring, insomnia, restless sleep, bedwetting)			50. taking medication for weight management		
a. If yes to 16: Are you being treated for sleep apnea?			51. taking dietary supplements		
b. If yes to 16a: Do you have a CPAP or oral appliance?			52. often exhausted or fatigued		
17. kidney disease			53. experience frequent headaches or chronic pain		
18. liver disease or Jaundice			54. a smoker or smoked previously or use smokeless tobacco		
19. vertigo (i.e." the room is spinning")			55. considered a touchy/sensitive person		
20. thyroid or parathyroid disease or calcium deficiency			56. often unhappy or depressed		
21. hormone deficiency or imbalance (i.e. poly cystic ovarian syndrome)			57. taking birth control pill		
22. high cholesterol or taking statin drugs			58. currently pregnant		
23. diabetes (What is your HbA1c=_____)			59. diagnosed with a prostate disorder		
24. stomach or duodenal ulcer					

Describe any current medical treatment, impending surgery, or other treatment that may possibly affect your dental treatment. (i.e. Botox, Collagen injections)_____

_____

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

Medication/Supplement	Reason for taking it	Medication/Supplement	Reason for taking it
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Please use the back side of this page if you are taking more than 8 medications

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

Patient's Signature Doctor's Signature Date

Annual Update: (If all above are the same, please write no changes)	Patient's Signature	Doctor's Signature	Date

ASA I II III IV V VI