

Date _____

Name _____ Date of Birth _____

Although dental personnel primarily treat the area in and around your mouth, your mouth is part of your entire body. Health problems that you have or medications that you take could have an important relationship with the dentistry you will receive. Thank you for answering the following questions.

Name of your primary care physician: _____

Are you under regular physician's care for a major health condition? Yes No

If yes, please provide your Doctor's name and health condition being treated:

Have you ever been hospitalized? Yes No

If yes, please explain _____

Are you taking any medications, pills, drugs? Yes No

Medications:

Are you on a special diet? Yes No

Do you or have you ever used any of the following:

		Amount	How Often	Started using	Quit
Tobacco	Yes/No	_____	_____	_____	_____
Alcohol	Yes/No	_____	_____	_____	_____
Controlled Substances	Yes/No	_____	_____	_____	_____

Have you ever been told to take antibiotics before dental work? Yes No

If yes why? _____

Which antibiotic do you take? _____

Continued on other side →

Are you allergic to any of the following? Please circle

Aspirin Penicillin Codeine Acrylic Metal Latex Local anesthetics Other

If yes please explain the type of reaction: _____

Women Only: Pregnant/Trying to get pregnant? **Yes** **No** Nursing? **Yes** **No**
 Taking oral contraceptives **Yes** **No**

Do you have or have you had any of the following? Please circle and elaborate below:

Aids/Hiv positive	Epilepsy or seizures	Low Blood Pressure
Alzheimer's disease	Excessive bleeding	Lung Disease
Anemia	Excessive thirst	Mitral valve prolapse
Angina	Fainting spells/dizziness	Parathyroid disease
Arthritis/gout	Frequent Cough	Psychiatric care
Artificial heart valve	Frequent Headaches	Sickle Cell Disease
Artificial joint	Glaucoma	Radiation treatment
Asthma	Hay Fever	Recent weight loss
Blood Disease	Heart Murmur	Rheumatic Fever
Blood Transfusion	Heart Pacemaker	Scarlet Fever
Breathing Problem	Heart trouble/disease	Sinus Trouble
Bruise easily	Hemophilia	Shingles
Cancer	Hepatitis A, B, or C	Spina Bifida
Chemotherapy	High blood pressure	Stroke
Chest pains	Hypoglycemia	Stomach/intestinal disease
Cold Sores/fever blister	Irregular heartbeat	Thyroid Disease
Congenital Heart Disease	Kidney Problems	Tuberculosis Ulcers
Diabetes	Leukemia	Venereal Disease
Emphysema	Liver Disease	

Other: _____
