

Dental and Medical History

Please Circle

- Yes No Are you in good general health?
- Yes No Are you currently undergoing medical treatment of any kind?
Describe _____
Name of your physician _____ Phone No. _____
- Yes No Are you sensitive or allergic to any drugs? Yes No Are you allergic to latex?
If so, what? _____
- Yes No Do drugs make you nauseated?
- Yes No Have you had any problems with previous dental treatment?
- Yes No Have your teeth been difficult to numb in the past?
- Yes No Do you use alcohol and/or drugs regularly?
- Yes No Are you subject to prolonged bleeding?
- Yes No Are you pregnant? Due Date _____
- Yes No Are you taking any Osteoporosis medication?
- Yes No Have you ever had artificial prosthesis, hip replacement, heart valves, other?

- Yes No Has your medical doctor (physician) recommended prophylactic antibiotics
before your dental visits?
- Yes No Have you ever had root canal treatment before?
What is your present dental problem?

Have you had: (circle)

- | | | |
|---------------------------|-----------------|---------------------|
| Asthma | Rheumatic fever | Arthritis |
| Sinus problems | Scarlet fever | Diabetes |
| Allergies | Heart trouble | Tuberculosis |
| Nervousness | Hepatitis | Ulcers/Colitis |
| X-ray or Cobalt treatment | Kidney trouble | High blood pressure |
| Cancer | HIV/Aids | Herpes infection |

Do you take any of the following medications?

- | | | |
|---------------------------------|-----------------------------------|---------------------------------|
| Anticonvulsants | Cortisone (Steroids) | Blood pressure pills |
| Aspirin, Bufferin, Empirin, APC | Arthritis medicine | Diuretics (Water pills) |
| Sedatives/Tranquilizers | Thyroid | Glaucoma medicine |
| Antidepressants | Anticoagulants (Coumadin) | Insulin or tablets for Diabetes |
| Antibiotics | Digitalis or other heart medicine | Hormones |
| Antihistamines | Asthma or Emphysema medicine | Birth Control pills |
| Iron or Anemia medicine | Pain pills | Other: _____ |

Patients' Signature _____ Date _____