

Patient Name: _____

Birth Date: _____

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

Are you under a physicians care now?	Y	Ν	If yes, Please explain,
Have you ever been hospitalized / major operation?	Y	Ν	If yes, Please explain,
Have you ever had a serious head/ neck injury, or radiation	?Υ	Ν	If yes, Please explain,
Have you ever taken Fosamax, Boniva, Actonel,			
or any other medications containing bisphosphonates?	Y	Ν	If yes, Please explain,
Do you use tobacco (including smokeless, vaping, etc.) or			
marijuana?	Y	N	If yes, Please explain,
Are you required to take antibiotics prior to dental appts?	Y	Ν	If yes, Please explain,
Are you diabetic?	Y	Ν	If yes, what was your last A1C?

Are you taking any medications, pills or drugs, or OTC supplements? ______

re you allergic to any of the following?								
Aspirin 🛛 🗆 Pe	nicillin	🗆 Codeine	🗆 Acrylic	🗆 Metal	🗆 Latex	Local Anesthetics		
Other:			-					
o you have, or hav	e you had	l, any of the foll	lowing?					
AIDS/ HIV	AIDS/ HIV		Hemophilia / Excessive Bleeding		Pregnancy			
Alzheimer's D	Alzheimer's Disease		Hepatitis A, B	Hepatitis A, B, or C		Heart Murmur		
Anaphylaxis	Anaphylaxis		Drug Addictio	n	Infectious Disease			
Anemia	Anemia Rheumatic Fever		ver	Heart Murmur				
Angina	Angina Scarlet Fever		GERD / Acid Reflux					
Arthritis/Gout / Rheumatism Sleep Apnea			Tuberculosis					
Artificial Hear	t Valve		Shingles		Orga	n Transplant		
Artificial Joint			Hypoglycemia	1	Ulcer	rs		
Asthma			Fainting Spell	s/Dizziness	Sinus	s Trouble		
Blood Disease	or Transfu	usion	Kidney Diseas	e / Dialysis	Oste	oporosis		
Stomach/Integ	stinal Dise	ase	Liver Disease		Cong	genital Heart Disorder		
Stroke	Stroke		Thoughts of s	Thoughts of suicide		GERD / Acid Reflux		
Cortisone Mee	ortisone Medicine Heart Pacemak		iker	Conv	Convulsions / Seizures			
High / Low Blo	od Pressu	re	Cold Sores/Fever Blisters		Parathyroid / Thyroid Disease			
Cancer / Tumo	ors		Glaucoma		Psychiatric Care			
Lung Disease			Heart Trouble/Disease		Yellow Jaundice			
Chemotherap	y		Mitral Valve Prolapse		Hay Fever			
Comments:								
Signature of p	atient or g	uardian:			_ Date:			

