

Patient Name \_\_\_\_\_ Age \_\_\_\_\_

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 HAVE YOU EVER HAD:** **YES NO** **YES NO**

- |   |                       |                       |   |                       |                       |
|---|-----------------------|-----------------------|---|-----------------------|-----------------------|
| 1. hospitalization for illness or injury _____  | <input type="radio"/> | <input type="radio"/> | 26. osteoporosis, osteopenia (e.g., taking bisphosphonates) _____ | <input type="radio"/> | <input type="radio"/> |
| 2. an allergic or bad reaction to any of the following:   | <input type="radio"/> | <input type="radio"/> | 27. arthritis _____   | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> aspirin, ibuprofen, acetaminophen, codeine                                  |                       |                       | 28. autoimmune disease _____                                      | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> penicillin  |                       |                       | (e.g., rheumatoid arthritis, lupus, scleroderma) _____            |                       |                       |
| <input type="radio"/> erythromycin  |                       |                       | 29. glaucoma _____  | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> tetracycline  |                       |                       | 30. contact lenses _____  | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> sulfa   |                       |                       | 31. head or neck injuries _____                                   | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> local anesthetic  |                       |                       | 32. epilepsy, convulsions (seizures) _____                        | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> fluoride  |                       |                       | 33. neurologic disorders (ADD/ADHD, prion disease) _____          | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> chlorhexidine (CHX)   |                       |                       | 34. viral infections and cold sores _____                         | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> metals (nickel, gold, silver) _____   |                       |                       | 35. any lumps or swelling in the mouth _____                      | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> latex _____   |                       |                       | 36. hives, skin rash, hay fever _____                             | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> nuts _____  |                       |                       | 37. STI/STD/HPV _____   | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> fruit _____   |                       |                       | 38. hepatitis (type _____) _____                                  | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> other _____   |                       |                       | 39. HIV/AIDS _____  | <input type="radio"/> | <input type="radio"/> |
| 3. heart problems, or cardiac stent within the last six months _____                              | <input type="radio"/> | <input type="radio"/> | 40. tumor, abnormal growth _____                                  | <input type="radio"/> | <input type="radio"/> |
| 4. history of infective endocarditis _____  | <input type="radio"/> | <input type="radio"/> | 41. radiation therapy _____                                       | <input type="radio"/> | <input type="radio"/> |
| 5. artificial heart valve, repaired heart defect (PFO) _____                                      | <input type="radio"/> | <input type="radio"/> | 42. chemotherapy, immunosuppressive medication _____              | <input type="radio"/> | <input type="radio"/> |
| 6. pacemaker or implantable defibrillator _____   | <input type="radio"/> | <input type="radio"/> | 43. emotional difficulties _____                                  | <input type="radio"/> | <input type="radio"/> |
| 7. orthopedic implant (joint replacement) _____   | <input type="radio"/> | <input type="radio"/> | 44. psychiatric treatment _____                                   | <input type="radio"/> | <input type="radio"/> |
| 8. rheumatic or scarlet fever _____   | <input type="radio"/> | <input type="radio"/> | 45. antidepressant medication _____                               | <input type="radio"/> | <input type="radio"/> |
| 9. high or low blood pressure _____   | <input type="radio"/> | <input type="radio"/> | 46. alcohol/recreational drug use _____                           | <input type="radio"/> | <input type="radio"/> |
| 10. a stroke (taking blood thinners) _____  | <input type="radio"/> | <input type="radio"/> |   |                       |                       |
| 11. anemia or other blood disorder _____  | <input type="radio"/> | <input type="radio"/> | <b>ARE YOU:</b> <b>YES NO</b>                                     |                       |                       |
| 12. prolonged bleeding due to a slight cut (INR>3.5) _____  | <input type="radio"/> | <input type="radio"/> | 47. presently being treated for any other illness _____           | <input type="radio"/> | <input type="radio"/> |
| 13. pneumonia, emphysema, shortness of breath, sarcoidosis _____                                  | <input type="radio"/> | <input type="radio"/> | 48. aware of a change in your health in the last 24 hours _____   | <input type="radio"/> | <input type="radio"/> |
| 14. chronic ear infections, tuberculosis, measles, chicken pox _____                              | <input type="radio"/> | <input type="radio"/> | (e.g., fever, chills, new cough, or diarrhea) _____               |                       |                       |
| 15. asthma _____  | <input type="radio"/> | <input type="radio"/> | 49. taking medication for weight management _____                 | <input type="radio"/> | <input type="radio"/> |
| 16. breathing or sleep problems (e.g., sleep apnea, snoring, sinus) _____                         | <input type="radio"/> | <input type="radio"/> | 50. taking dietary supplements _____                              | <input type="radio"/> | <input type="radio"/> |
| 17. kidney disease _____  | <input type="radio"/> | <input type="radio"/> | 51. often exhausted or fatigued _____                             | <input type="radio"/> | <input type="radio"/> |
| 18. liver disease _____   | <input type="radio"/> | <input type="radio"/> | 52. experiencing frequent headaches _____                         | <input type="radio"/> | <input type="radio"/> |
| 19. jaundice _____  | <input type="radio"/> | <input type="radio"/> | 53. a smoker, smoked previously or use smokeless tobacco _____    | <input type="radio"/> | <input type="radio"/> |
| 20. thyroid, parathyroid disease, or calcium deficiency _____                                     | <input type="radio"/> | <input type="radio"/> | 54. considered a touchy/ sensitive person _____                   | <input type="radio"/> | <input type="radio"/> |
| 21. hormone deficiency _____  | <input type="radio"/> | <input type="radio"/> | 55. often unhappy or depressed _____                              | <input type="radio"/> | <input type="radio"/> |
| 22. high cholesterol or taking statin drugs _____   | <input type="radio"/> | <input type="radio"/> | 56. taking birth control pills _____                              | <input type="radio"/> | <input type="radio"/> |
| 23. diabetes (HbA1c= _____) _____   | <input type="radio"/> | <input type="radio"/> | 57. currently pregnant _____                                      | <input type="radio"/> | <input type="radio"/> |
| 24. stomach or duodenal ulcer _____   | <input type="radio"/> | <input type="radio"/> | 58. diagnosed with a prostate disorder _____                      | <input type="radio"/> | <input type="radio"/> |
| 25. digestive or eating disorders (e.g., celiac disease, gastric reflux, bulimia, anorexia) _____ | <input type="radio"/> | <input type="radio"/> |   |                       |                       |

Describe any current medical treatment, impending surgery, genetic/development delay, 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

Drug	Purpose	Drug	Purpose
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE ADVISE US IN THE FUTURE OF ANY CHANGES IN YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING.**

Patient's Signature \_\_\_\_\_ Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_