Health History

Medical History

General Health: Excellent Good Fair Poor

Physician's Name: _____ Date of Last Physical: _____

Physician's Phone Number: _____ Date of last dental visit: _____

Are You Taking Any Medications Now? Yes No

If Yes. Medication Name/Purpose: _____

_____

Have You Ever Had a Blood Transfusion? Yes No If yes, Approximate Date: _____

Have You Ever Been Treated For (Please Check All That Apply):

AIDS		Cortisone Treatments		HIV Positive		Rheumatic Fever	
Anemia		Cough up Blood		Jaw Pain		Scarlet Fever	
Arthritis, Rheumatism		Diabetes		Kidney Disease		Shortness of Breath	
Artificial Heart Valve		Epilepsy/Seizures		Mitral Valve Prolapse		Skin Rashes	
Artificial Joints		Fainting		Nervous Problems		Stroke	
Asthma		Glaucoma		Osteoporosis		Swelling of Feet	
Back Problems		Headaches		Pacemaker(Year)		Thyroid Problems	
Blood Disease		Heart Murmur		Persistent Cough		Tobacco Habit	
Cancer (Type)		Heart Problems		Psychiatric Care		Tonsillitis	
Chemical Dependency		Hemophilia		Radiation Treatments		Tuberculosis	
Chemotherapy/Radiation		Hepatitis (Circle A,B,C)		Respiratory Disease		Ulcer	
Circulatory Problems		High Blood Pressure		Liver Disease		Venereal Disease	
Cholesterol							

Explanations: _____

_____

Have You Ever Taken Bisphosphonates (IV or Pill Form) such as Fosamax or Boniva? Yes No

Women:

Are You Pregnant? Yes No

Taking Birth Control? Yes No

*NOTE: Taking antibiotics may interfere with the effectiveness of birth control pills.

Allergies:

Penicillin Codeine Latex Local Injected Anesthetics

Other Allergies to Medications: _____

Dental History:

Please Check If You Have Had Trouble With Any of the Following:

	Bad Breath		Grinding/Clenching Teeth		Sensitivity to Heat
	Bleeding Gums		Loose Teeth or Broken Fillings		Sensitivity to Sweets
	Clicking or Popping Jaw		Periodontitis		Sensitivity to Biting
	Food Collection Between Teeth		Sores or Growths in Mouth		Sensitivity to Cold

Do you have an unpleasant odor or taste in your mouth? Yes No

Are you happy with the appearance of your teeth? Yes No

Do your gums bleed when brushing? Yes No