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Medical History

Patient Name: ____________ ____________ ____ ____________
Last First MI Preferred Name

Indicate which of the following conditions you have or have had. By checking the box it will indicate a "YES" response, leaving blank will indicate a "NO" response.

- ☐ Acid Reflux
- ☐ Allergy-Codeine
- ☐ Allergy-Latex
- ☐ Allergy-Penicillin
- ☐ Allergy-RedDye No.40
- ☐ Allergy-Seasonal
- ☐ Allergy-Sulfa
- ☐ Allergy-Tetracycline
- ☐ Anti -Depressants
- ☐ Anxiety
- ☐ Arthritis
- ☐ Artificial Joints
- ☐ Asthma
- ☐ Blood Thinners
- ☐ Cancer
- ☐ Chemotherapy
- ☐ Dementia
- ☐ Dental Implants
- ☐ Depression
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Fibromyalgia
- ☐ Heart Attack
- ☐ Heart Disease
- ☐ Hemophilia
- ☐ Hepatitis
- ☐ High Blood Pressure
- ☐ Immune-Compromised
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ MitralValve Prolapse
- ☐ MS/Lupus
- ☐ Osteoporsis Meds
- ☐ Other
- ☐ Pacemaker
- ☐ PreMed
- ☐ Radiation TX
- ☐ Reheumatic Fever
- ☐ Sleep Apnea
- ☐ Stroke
- ☐ Thyroid Problems

- ☐ Hospitalized in the past 5 years (illness or injury)
- ☐ Presently being treated for any other illnesses
- ☐ Subject to frequent headaches
- ☐ Tobacco/Alcohol Use
- ☐ FEMALE: Taking birth control pills
- ☐ FEMALE: Pregnant

If any conditions or alerts selected above need further clarification, please describe below:

Do you take antibiotic premedication for your dental visits? If yes, please explain.

What is your estimate of your general health?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Name of your physician and phone number:

Describe any current medical treatment, impending surgery, or other treatment that may possibly affect your dental treatment.

List or check all medications (prescription and non-prescription) including regular doses of aspirin:

* ☐ By checking this box, I acknowledge that I have reviewed ALL questions/alerts on this questionnaire and responded accordingly. There are no other medical conditions or medications/allergies that have not been listed. I am aware that I must notify the practice of any future changes. This will serve as my electronic signature.

Response Date: