Medical History

Patient Name: ______________________ Age: ________ Name of Physician: ______________________

Most recent physical exam: ________ What your estimate of your general health? ❏ Poor ❏ Fair ❏ Good

Have you ever had any of the following?	YES	NO
1. hospitalization for illness or injury	❏	❏
2. allergic reaction to:	❏	❏
❏ aspirin, ibuprofen, acetaminophen		
❏ penicillin		
❏ erythromycin		
❏ tetracycline		
❏ codeine		
❏ local anesthetic		
❏ fluoride		
❏ metals (gold, stainless steel)		
❏ latex		
❏ any other medications		
3. heart problems	❏	❏
4. heart murmur (mitral valve prolapse)	❏	❏
5. rheumatic fever	❏	❏
6. scarlet fever	❏	❏
7. high blood pressure	❏	❏
8. low blood pressure	❏	❏
9. a stroke	❏	❏
10. artificial prosthesis (i.e. heart valve or joints)	❏	❏
11. anemia or other blood disorder	❏	❏
12. prolonged bleeding due to a slight cut	❏	❏
13. emphysema	❏	❏
14. tuberculosis	❏	❏
15. asthma	❏	❏
16. sinus problems	❏	❏
17. kidney disease	❏	❏
18. liver disease	❏	❏
19. jaundice	❏	❏
20. thyroid or parathyroid disease	❏	❏
21. hormone deficiency	❏	❏
22. high cholesterol	❏	❏
23. diabetes	❏	❏
24. digestive disorders	❏	❏
25. stomach or duodenal ulcer	❏	❏

	YES	NO
26. arthritis	❏	❏
27. glaucoma	❏	❏
28. contact lenses	❏	❏
29. head or neck injuries	❏	❏
30. epilepsy, convulsions (seizures)	❏	❏
31. viral infections or cold sores	❏	❏
32. any lumps or swelling in your mouth	❏	❏
33. hives, skin rush, hay fever	❏	❏
34. venereal disease	❏	❏
35. hepatitis (type_____)	❏	❏
36. AIDS/HIV	❏	❏
37. tumor, abnormal growth	❏	❏
38. radiation therapy	❏	❏
39. chemotherapy	❏	❏
40. emotional problems	❏	❏
41. psychiatric treatment	❏	❏
42. antidepressant medication	❏	❏
43. alcohol/drug dependency	❏	❏
ARE YOU:		
44. presently being treated for any illness	❏	❏
45. aware of change in your general health	❏	❏
46. often exhausted or fatigued	❏	❏
47. subject to frequent headaches	❏	❏
48. smoker /tobacco use	❏	❏
49. considered a touchy person	❏	❏
50. often unhappy or depressed	❏	❏
51. easily upset or irritated	❏	❏
52. FEMALE – taking birth control pills	❏	❏
53. FEMALE – pregnant	❏	❏
54. MALE – prostate disorders	❏	❏
55. Have you ever been told you need to take antibiotics as pre-medication before dental visits?	❏	❏

DO ANY OF THESE APPLY TO YOU? (circle) Recent heart surgery (within past six months); Pacemaker; Artificial heart valve; Previous bacterial endocarditis; Congenital heart defect; Acquired valvular dysfunction

Please describe any current medical treatment, impending surgery, or other treatment that may possibly affect your dental treatment:

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Please list any medications and or vitamins taken within the last 2 years: ______________________________

PATIENT SIGNATURE: ______________________________ **DATE:** ________________

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