

## PATIENT DENTAL & MEDICAL HISTORY

### MEDICATION - Are you now taking or have you taken . . .

	YES	NO	NOTES
Any kind of medication, drug, pills?			
Blood thinners (Coumadin, Plavix, Aspirin, Vitamin E, Ginko Biloba)?			
Have you ever taken diet pills?			
Any natural product, herbal supplement or homeopathic remedy?			
Any bone density medications/Bisphosphonates (Aredia, Zometa, Fosamax, Actonel)?			
Please list any medications you are currently taking:			

### ALLERGIES - Are your allergic to, or had . . .

	YES	NO	NOTES
Local anesthetic (numbing med.)?			
Penicillin?			
Other antibiotics?			
Sulfa drugs?			
Sodium pentothal, Valium, or other tranquilizers?			
Asprin?			
Codeine or other narcotics?			
Other medications?			
Latex?			
Metal?			
Please list any allergies other than drug allergies:			

### Have you had or do you currently have . . .

	YES	NO
Rheumatic fever/		
Damaged heart valves/mitral valve prolapse?		
Heart murmur?		
High blood pressure?		
Low blood pressure?		
Chest pain/angina?		
Heart attack(s)?		
Irregular heart beat?		
Cardiac pacemaker?		
Heart surgery?		
Bronchitis, chronic cough?		
Asthma?		
Hay fever/sinus problems?		
Snoring/sleep apnea?		
Difficult breathing/other lung trouble?		
Tuberculosis?		
Emphysema?		
Do you smoke?		
Do you use chewing tobacco?		
Blood transfusion?		
Blood disorder such as anemia?		
Bruise easily?		
Bleeding tendency/abnormal bleed?		
Hepatitis, jaundice, or liver disease?		
Infectious mononucleosis?		
Gallbladder trouble?		
Fainting spells?		
Convulsions/epilepsy?		
Stroke?		
Thyroid trouble?		
Diabetes?		
Low blood sugar?		
Kidney trouble?		
Are you on dialysis?		

### Have you had or do you currently have . . .

	YES	NO
Swollen ankles, arthritis or joint disease?		
Osteoporosis/Osteopenia?		
Osteonecrosis?		
Stomach ulcers?		
Contagious diseases?		
Sexually transmitted diseases?		
Are you immunosuppressed? Possibly from medication/surgery, etc.		
Delay in healing?		
A tumor or growth?		
Radiation therapy/chemotherapy?		
Chronic fatigue/night sweats?		
Are you on a diet?		
A history of alcohol abuse?		
Eye disease/glaucoma?		
Mental health problems?		
A removable dental appliance?		
Pain and clicking of jaws when eating?		
Do your gums bleed while brushing or flossing?		
Are your teeth sensitive to hot or cold liquids/foods?		
Do you feel pain to any of your teeth or having pain?		
Do you have any sores or lumps in or near your mouth?		
Have you had any head, neck or jaw injuries?		
Do you have frequent headaches?		
Do you clench or grind your teeth?		
Do you experience dry mouth?		
Have you ever had any difficult extractions in the past?		
Have you ever had any prolonged bleeding following extractions?		
Have you had any orthodontic treatment?		
Have you ever been told you have periodontal or "gum" disease?		
Have you ever had periodontal or "gum" surgery?		
Have you ever received oral hygiene instructions regarding the care of your teeth and gums?		
Are you satisfied with the current condition of your teeth?		