

NAME: \_\_\_\_\_

Check  which ever applies

**A. DENTAL HEALTH**

Has your dental care been:

- Regular  Intermittent

Do you feel apprehensive about dentistry:

- Yes  No

Would you like to be treated under

sedation:  Yes  No

Have you ever experienced:

- Bleeding gums  Pus
 Swollen gums  Loose teeth
 Sore gums  Spacing of teeth
 Receding gums  Drifting of teeth
 Foul odor  Bad breath or taste

Is there sensitivity in your teeth with:

- Hot  Cold  Sweets
 Biting  Tooth brushing  Pressure

Do you suffer from pain in:

- Face  Neck  Jaw  TMJ

Have you had any unfavorable reaction from local anesthetics:  No  Yes

Please explain:

**B. GENERAL HEALTH**

Current weight: \_\_\_\_\_

Height: \_\_\_\_\_ Age: \_\_\_\_\_

Have you recently lost weight:  Yes  No

Date of last physical: \_\_\_/\_\_\_/\_\_\_

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Health problems within the last year?

- Yes  No

Any hospitalization during the past two years?  Yes  No

**1. HEART & LUNGS**

- Heart trouble  Murmur
 Damaged valves  MVP
 Artificial valves
 Rheumatic fever in childhood
 Coronary insufficiency
 Myocardial infarction. (yr: )
 Bypass heart surgery. (yr: )
 Heart pacemaker
 Heart transplant (yr: )
 Pain in chest upon exertion
 Lung trouble  Asthma
 Tuberculosis (yr: )
 Unexplained cough  Emphysema

**2. NERVOUS SYSTEM & PSYCHIATRICS**

- Convulsions
 Epilepsy
 Fainting or dizzy spells
 Psychiatric treatment (yr: )
 Suicidal tendency

- Stroke (yr: )
 Transient ischemic attack (TIA)
 Parkinson  ALS  Other

**3. DIGESTIVE SYSTEM**

- Stomach ulcer (yr: )
 Colitis (yr: )

**4. JOINTS**

- Arthritis  Artificial joint (yr: )

**5. BLOOD & BLOOD PRESSURE**

- Arteriosclerosis  Hemophilia
 Blood transfusion (yr: );
 Blood trouble  Anemia
 Sickle cell disease (anemia);
 Bleed easily  Bruise easily
 Uncontrolled High blood pressure
 Blood pressure controlled by medication

**6. KIDNEY**

- Kidney trouble (yr: )
 Kidney transplant (yr: )

**7. ADDICTIONS**

- Recovered drug addiction (yr: )
 Drug addiction  Alcoholism
 Smoking (cigarettes/day: ).

**8. TUMORS & CANCER**

- Leukemia (yr: )
 Malignant tumor (yr: )
 Tumor location: \_\_\_\_\_
 Cancer treatment with radiation
 Cancer treatment with chemotherapy

**9. LIVER**

- Liver insufficiency
 Liver disease, jaundice (yr: );
 Hepatitis A, B or C (yr: )
 Transplant (yr: )

**10. ENDOCRINE**

- Well controlled Diabetes
 Uncontrolled Diabetes
 Thyroid or parathyroid trouble

**11. EYES**

- Glaucoma  Wear contact lenses

**12. INFECTIOUS DISEASES**

- Tuberculosis  Hepatitis A, B or C
 AIDS (yr: )  HIV positive

**13. FOR WOMEN ONLY**

- Anticipate becoming pregnant
 Pregnant
 Months of gestation: \_\_\_\_\_
 Nursing

**14. GENERAL ALLERGIES**

- Hay fever Hives or skin rash
 Sinus trouble

**15. DRUG ALLERGIES**

- Penicillin  Amoxicillin
 Erythromycin  Keflex
 Tetracycline  Aspirin
 Tylenol  Codeine
 Xylocaine  Lidocaine
 Demerol  Nembutal
 Toradol  Latex
 Peanuts  Other

**16. I AM TAKING CURRENTLY**

- Antibiotics:  Penicillin  Amoxicillin
 Erythromycin  Keflex
 Tetracycline
 Other: \_\_\_\_\_

Blood modifiers:  Anticoagulant

- Aspirin (\_\_\_mg/day)

Anti-hypertensive:

- Nifedipine  \_\_\_\_\_

Anti-seizure:  Dilantin  Tegretol

Asthma medication:

- Bronchodilator

\_\_\_\_\_

Psychotherapeutics:

- Tranquilizers
 Antidepressants
 MAO Inhibitor

Anti-inflammatory:  \_\_\_\_\_

Anti-allergies:

- Antihistamine  \_\_\_\_\_

Anti-Diabetics:

- Insulin
 Tolbutamide (Orinase) or similar

Heart meds:

- Digitalis  Nitroglycerin
 Other: \_\_\_\_\_

Hormones:

- Thyroid medications
 Cortisone (Steroids)

Anti-rejection drugs:

- Cyclosporine A

Other: \_\_\_\_\_

Biphosphonates:

- Didronel  Skelid  Aredia
 Fosamax  Actonel  Boniva
 Zometa  Reclast

For women:

- Oral contraceptive
 Hormone replacement

Herbal supplements:

\_\_\_\_\_

Other:

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Init: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Init: \_\_\_\_\_