## Medical History

Name of Referring Dentist:	Patient Name:					
Are you now or have you been under the care of a physician during the past 12 months?: Yes       No         -Name of Physician:						
Hame of Physician:	Please state the reason for your visit today:					-1
Hame of Physician:						
-Name of Physician:	Are you now or have you been under the care of a physicia	an durin	ng th	ne past 12 months? : Yes No		
Have you ever been hospitalized or had a major operation? Yes No						
Have you ever had a serious head or neck injury? Yes   No   Do you have any altergies or sensitivities? Penicillin/Amoxicillin   Sulfa Drugs   Codeine   Latex   Local Anesthetics   Metal Agplin   Acrylic   Others						
Do you have any allergies or sensitivities? Penicillin/Amoxicillin Sulfa Drugs Codeine Latex Local Anesthetics Metal   Aspirin Acrylic Other:	Have you ever been hospitalized or had a major operation	? <b>Ye</b> :	S 🗌	No 🗆		
Aspirin       Acrylic       Other:         Are you taking any medications?       Yes       No         Please List All Medications:       Please List All Medications:       Please List All Medications:         Have you ver taken Fosamax, Boniva, or other bisphosphonates?       Yes       No	Have you ever had a serious head or neck injury? Yes $\square$	No				
Are you taking any medications?       Yes       No         Please List All Medications:					tics 🗌 M	etal
Please List All Medications:         Have you ever taken Fosamax, Boniva, or other bisphosphonates?       Yes       No         Have you had any adverse reactions to dental treatment?       Yes       No         Do you require antibiotics prior to dental treatment?       Yes       No						
Have you ever taken Fosamax, Boniva, or other bisphosphonates?       Yes       No         Have you had any adverse reactions to dental treatment?       Yes       No         Do you require antibibits prior to dental treatment?       Yes       No         Are you pregunant or trying to become pregnant?       Yes       No         Are you pregnant or trying to become pregnant?       Yes       No         Cardiac:       YES       NO       Bone and Joint Problems:       YES       NC         Cardiac:       YES       NO       Bone and Joint Problems:       YES       NC         Congenital Heart Disorder       Ison Replacement       Ison Replaceme						
Have you had any adverse reactions to dental treatment?       Yes       No         Do you require antibiotics prior to dental treatment?       Yes       No         Are you pregnant or trying to become pregnant?       Yes       No         Jor you have, or have you had any of the following:       (please mark "Y" or "N")         Cardiac:       YES       No         Are you pregnant or trying to become pregnant?       Yes       No         Joy have, or have you had any of the following:       (please mark "Y" or "N")         Cardiac:       YES       No         Are you pregnant or trying to become pregnant?       Yes       No         Cardiac:       YES       No       Bone and Joint Problems:       YES       No         Cardiac:       YES       No       Arthitis/Gout       International transmitted Disease       International trans						
Do you require antibiotics prior to dental treatment?       Yes       No         Are you pregnant or trying to become pregnant?       Yes       No         Are you pregnant or trying to become pregnant?       Yes       No         Cardiac:       YES       NO       Poyou have, or have you had any of the following: (please mark "Y" or "N")         Cardiac:       YES       NO       Bone and Joint Problems:       YES       No         Shortness of Breath       Arthritis/Gout       Image: Source and Joint Problems:       YES       No         Heart Murmur       Joint Replacement       Image: Source and Joint Problems:       YES       No         Artificial Heart Valve       Other Bone Metabolic Disorder       Image: Source and Joint Problems						
Women only: Are you taking oral contraceptives?       Yes       No         -Are you pregnant or trying to become pregnant?       Yes       No         Do you have, or have you had any of the following: (please mark "Y" or "N")       Cardiac:       YES       NO         Cardiac:       YES       NO       Bone and Joint Problems:       YES       NO         Shortness of Breath       Arthritis/Gout       Image: State in the imag						
Are you pregnant or trying to become pregnant?       Yes       No         Do you have, or have you had any of the following: (please mark "Y" or "N")       Cardiac:       YES       NO         Bone and Joint Problems:       YES       NO       Bone and Joint Problems:       YES       NO         Heart Murmur       Joint Replacement       Congenital Heart Disorder       Osteoporosis       Image: Congenital Heart Disorder       Image: Congenital Heart Valve       Other Bone Metabolic Disorder       Image: Congenital Heart Valve       Image: Congenit Heart Valve       Image: Congenital Heart Val						
Do you have, or have you had any of the following: (please mark "Y" or "N")         Cardiac:       YES       NO       Bone and Joint Problems:       YES       NO         Shortness of Breath       Joint Replacement       Image: Compendent State	Women only: Are you taking oral contraceptives? Yes	No				
Cardiac:YESNOBone and Joint Problems:YESNOShortness of BreathArthritis/GoutArthritis/GoutImage: Constant of the second o	-Are you pregnant or trying to become pregnant? Yes	No	<u> </u>			
Cardiac:YESNOBone and Joint Problems:YESNOShortness of BreathArthritis/GoutArthritis/GoutImage: Constant of the second o	Do you have, or have you had any of the follow	ing: (p	lea	se mark "Y" or "N")		
Heart MurmurJoint ReplacementCongenital Heart DisorderOsteoporosisArtificial Heart ValveOther Bone Metabolic DisorderHeart Attack/StrokeGenitourinary:PacemakerKidney ProblemsHigh Blood PressureHerpesRheumatic FeverSexually Transmitted DiseaseSwollen Limbs/FeetExcessive UrinationHigh CholesterolBlood Disorders:Respiratory:HIV/AIDSAsthmaAnemiaBreathing ProblemsBlood Transmitted DiseaseSwollen Limbs/FeetExcessive UrinationHigh CholesterolBlood Disorders:Respiratory:HIV/AIDSAsthmaAnemiaBreathing ProblemsBruise/Bleed EasilyEmphysema, BronchitisBlood TransmissionTuberculosisHemophiliaSinusitis/Sinus ProblemsLeukemiaEndocrine:Neurologic:DiabetesFainting spells, Seizures, EpilepsyExcessive ThirstFrequent or severe headacheExcessive ThirstPsychiatric CareUlcersGrowth or Tumor:UlcersGrowth or Tumor:Liver DiseaseRadiation/ChemotherapyStomach/Intestinal DiseaseDrug / Alcohol DependencyWeight Gain or LossHave you had any other condition not listed above?				-	YES	NC
Congenital Heart DisorderOsteoporosisArtificial Heart ValveOther Bone Metabolic DisorderHeart Attack/StrokeGenitourinary:PacemakerKidney ProblemsHigh Blood PressureHerpesRheumatic FeverSexually Transmitted DiseaseSwollen Limbs/FeetExcessive UrinationHigh CholesterolBlood Disorders:Respiratory:HIV/AIDSAshmaAnemiaBreathing ProblemsBruise/Bleed EasilyEmphysema, BronchitisBlood TransfusionTuberculosisHemophiliaSinusitis/Sinus ProblemsLeukemiaExcessive Weight Gain or LossFrequent or severe headacheExcessive Weight Gain or LossDepressionGastrointestinal:Psychiatric CareUlcersGrowth or Tumor:HepatitisCancerKure DiseaseRaitain/ChemotherapyStomach/Intestinal DiseaseDrug / Alcohol DependencyWeight Gain or LossHave you had any other condition not listed above?	Shortness of Breath			Arthritis/Gout		
Artificial Heart ValveOther Bone Metabolic DisorderHeart Attack/StrokeGenitourinary:PacemakerKidney ProblemsHigh Blood PressureHerpesRheumatic FeverSexually Transmitted DiseaseSwollen Limbs/FeetExcessive UrinationHigh CholesterolBlood Disorders:Respiratory:HIV/AIDSAsthmaAnemiaBreathing ProblemsBruise/Bleed EasilyEmphysema, BronchitisBlood TransfusionTuberculosisHemophiliaSinusitis/Sinus ProblemsLeukemiaEndocrine:Neurologic:DiabetesFrequent or severe headacheExcessive Weight Gain or LossPercessionThyroid DiseaseGrowth or Tumor:UlcersGrowth or Tumor:HeattisCancerLiver DiseasePaychiatric CareUlcersRadiation/ChemotherapyStomach/Intestinal DiseaseDrug / Alcohol DependencyWeight Gain or LossHave you had any other condition not listed above?	Heart Murmur			Joint Replacement		
Heart Attack/StrokeGenitourinary:PacemakerKidney ProblemsHigh Blood PressureHerpesRheumatic FeverSexually Transmitted DiseaseSwollen Limbs/FeetExcessive UrinationHigh CholesterolBlood Disorders:Respiratory:HIV/AIDSAsthmaAnemiaBreathing ProblemsBruise/Bleed EasilyEmphysema, BronchitisBlood TransfusionTuberculosisHeruphiliaSinusitis/Sinus ProblemsLeukemiaEndocrine:Neurologic:DiabetesFainting spells, Seizures, EpilepsyExcessive Weight Gain or LossPsychiatric CareUlcersGrowth or Tumor:HepatitisCancerLiver DiseaseRadiation/ChemotherapyStomach/Intestinal DiseaseDray Alcohol DependencyWeight Gain or LossHave you had any other condition not listed above?	Congenital Heart Disorder			Osteoporosis		
PacemakerKidney ProblemsHigh Blood PressureHerpesRheumatic FeverSexually Transmitted DiseaseSwollen Limbs/FeetExcessive UrinationHigh CholesterolBlood Disorders:Respiratory:HIV/AIDSAsthmaAnemiaBreathing ProblemsBlood TransfusionEmphysema, BronchitisBlood TransfusionTuberculosisHemophiliaSinusitis/Sinus ProblemsLeukemiaEndocrine:Painting spells, Seizures, EpilepsyDiabetesFrequent or severe headacheExcessive Weight Gain or LossDepressionGastrointestinal:Psychiatric CareUlcersGrowth or Tumor:HepatitisCancerLiver DiseaseRadiation/ChemotherapyStomach/Intestinal DiseaseDrug / Alcohol DependencyWeight Gain or LossHave you had any other condition not listed above?	Artificial Heart Valve			Other Bone Metabolic Disorder		
High Blood PressureHerpesRheumatic FeverSexually Transmitted DiseaseSwollen Limbs/FeetExcessive UrinationHigh CholesterolBlood Disorders:Respiratory:HIV/AIDSAsthmaAnemiaBreathing ProblemsBlood TransfusionEmphysema, BronchitisBlood TransfusionTuberculosisHemophiliaSinusitis/Sinus ProblemsLeukemiaEndocrine:Neurologic:DiabetesFainting spells, Seizures, EpilepsyExcessive Wright Gain or LossNeuritis/NeuralgiaThyroid DiseaseDepressionUlcersGrowth or Tumor:Liver DiseaseRadiation/ChemotherapyLiver DiseaseRadiation/ChemotherapyStomach/Intestinal DiseaseDrug / Alcohol DependencyWeight Gain or LossRadiation/ChemotherapyUlcersGrowth or Tumor:HepatitisCancerLiver DiseaseDrug / Alcohol DependencyWeight Gain or LossHave you had any other condition not listed above?	Heart Attack/Stroke			Genitourinary:		
Rheumatic FeverSexually Transmitted DiseaseSwollen Limbs/FeetExcessive UrinationHigh CholesterolBlood Disorders:Respiratory:HIV/AIDSAsthmaAnemiaBreathing ProblemsBruise/Bleed EasilyEmphysema, BronchitisBlood TransfusionTuberculosisHemophiliaSinusitis/Sinus ProblemsLeukemiaEndocrine:Neurologic:DiabetesFainting spells, Seizures, EpilepsyExcessive ThirstFrequent or severe headacheExcessive Weight Gain or LossDepressionGastrointestinal:Psychiatric CareUlcersGrowth or Tumor:Liver DiseaseRadiation/ChemotherapyStomach/Intestinal DiseaseDrug / Alcohol DependencyWeight Gain or LossHave you had any other condition not listed above?	Pacemaker			Kidney Problems		
Swollen Limbs/FeetExcessive UrinationHigh CholesterolBlood Disorders:Respiratory:HIV/AIDSAsthmaAnemiaBreathing ProblemsBruise/Bleed EasilyEmphysema, BronchitisBlood TransfusionTuberculosisHemophiliaSinusitis/Sinus ProblemsLeukemiaEndocrine:Neurologic:DiabetesFainting spells, Seizures, EpilepsyExcessive Wright Gain or LossNeuritis/NeuralgiaThyroid DiseaseGrowth or Tumor:UlcersGrowth or Tumor:HepatitisCancerLiver DiseaseRadiation/ChemotherapyStomach/Intestinal DiseaseDrug / Alcohol DependencyWeight Gain or LossHave you had any other condition not listed above?						
High CholesterolBlood Disorders:Respiratory:HIV/AIDSAsthmaAnemiaBreathing ProblemsBruise/Bleed EasilyEmphysema, BronchitisBlood TransfusionTuberculosisHemophiliaSinusitis/Sinus ProblemsLeukemiaEndocrine:Neurologic:DiabetesFainting spells, Seizures, EpilepsyExcessive ThirstFrequent or severe headacheExcessive Weight Gain or LossDepressionGastrointestinal:Psychiatric CareUlcersGrowth or Tumor:Liver DiseaseRadiation/ChemotherapyStomach/Intestinal DiseaseDrug / Alcohol DependencyWeight Gain or LossHave you had any other condition not listed above?						
Respiratory:HIV/AIDSAsthmaAnemiaBreathing ProblemsBruise/Bleed EasilyEmphysema, BronchitisBlood TransfusionTuberculosisHemophiliaSinusitis/Sinus ProblemsLeukemiaEndocrine:Neurologic:DiabetesFainting spells, Seizures, EpilepsyExcessive ThirstFrequent or severe headacheExcessive Weight Gain or LossNeuritis/NeuralgiaThyroid DiseaseDepressionUlcersGrowth or Tumor:HepatitisCancerLiver DiseasePradiation/ChemotherapyStomach/Intestinal DiseaseDrug / Alcohol DependencyWeight Gain or LossHave you had any other condition not listed above?	-					
AsthmaAnemiaBreathing ProblemsBruise/Bleed EasilyEmphysema, BronchitisBlood TransfusionTuberculosisHemophiliaSinusitis/Sinus ProblemsLeukemiaEndocrine:Neurologic:DiabetesFainting spells, Seizures, EpilepsyExcessive ThirstFrequent or severe headacheExcessive Weight Gain or LossDepressionGastrointestinal:Psychiatric CareUlcersGrowth or Tumor:HepatitisCancerLiver DiseaseDrug / Alcohol DependencyWeight Gain or LossHave you had any other condition not listed above?	-					
Breathing ProblemsBruise/Bleed EasilyEmphysema, BronchitisBlood TransfusionTuberculosisHemophiliaSinusitis/Sinus ProblemsLeukemiaEndocrine:Neurologic:DiabetesFainting spells, Seizures, EpilepsyExcessive ThirstFrequent or severe headacheExcessive Weight Gain or LossDepressionGastrointestinal:Psychiatric CareUlcersGrowth or Tumor:HepatitisCancerLiver DiseaseDrug / Alcohol DependencyWeight Gain or LossHave you had any other condition not listed above?				-		
Emphysema, BronchitisBlood TransfusionTuberculosisHemophiliaSinusitis/Sinus ProblemsLeukemiaEndocrine:Neurologic:DiabetesFainting spells, Seizures, EpilepsyExcessive ThirstFrequent or severe headacheExcessive Weight Gain or LossNeuritis/NeuralgiaThyroid DiseaseDepressionGastrointestinal:Psychiatric CareUlcersGrowth or Tumor:HepatitisCancerLiver DiseaseDrug / Alcohol DependencyWeight Gain or LossHave you had any other condition not listed above?						
TuberculosisHemophiliaSinusitis/Sinus ProblemsLeukemiaEndocrine:Neurologic:DiabetesFainting spells, Seizures, EpilepsyExcessive ThirstFrequent or severe headacheExcessive Weight Gain or LossNeuritis/NeuralgiaThyroid DiseaseDepressionGastrointestinal:Psychiatric CareUlcersGrowth or Tumor:HepatitisCancerLiver DiseaseDrug / Alcohol DependencyWeight Gain or LossHave you had any other condition not listed above?	-		_			
Sinusitis/Sinus ProblemsLeukemiaImage: Constant of the second seco						
Endocrine:Neurologic:Image: Constraint of the second						
DiabetesFainting spells, Seizures, EpilepsyExcessive ThirstFrequent or severe headacheExcessive Weight Gain or LossNeuritis/NeuralgiaThyroid DiseaseDepressionGastrointestinal:Psychiatric CareUlcersGrowth or Tumor:HepatitisCancerLiver DiseaseRadiation/ChemotherapyStomach/Intestinal DiseaseDrug / Alcohol DependencyWeight Gain or LossHave you had any other condition not listed above?	-					
Excessive ThirstFrequent or severe headacheExcessive Weight Gain or LossNeuritis/NeuralgiaThyroid DiseaseDepressionGastrointestinal:Psychiatric CareUlcersGrowth or Tumor:HepatitisCancerLiver DiseaseRadiation/ChemotherapyStomach/Intestinal DiseaseDrug / Alcohol DependencyWeight Gain or LossHave you had any other condition not listed above?						
Excessive Weight Gain or LossNeuritis/NeuralgiaIThyroid DiseaseDepressionIGastrointestinal:Psychiatric CareIUlcersGrowth or Tumor:IHepatitisCancerILiver DiseaseRadiation/ChemotherapyIStomach/Intestinal DiseaseDrug / Alcohol DependencyIWeight Gain or LossHave you had any other condition not listed above?	Excessive Thirst					
Gastrointestinal:Psychiatric CareUlcersGrowth or Tumor:HepatitisCancerLiver DiseaseRadiation/ChemotherapyStomach/Intestinal DiseaseDrug / Alcohol DependencyWeight Gain or LossHave you had any other condition not listed above?	Excessive Weight Gain or Loss			•		
UlcersGrowth or Tumor:Image: Section of the sec				Depression		
HepatitisCancerImage: CancerLiver DiseaseRadiation/ChemotherapyImage: CancerStomach/Intestinal DiseaseDrug / Alcohol DependencyImage: CancerWeight Gain or LossHave you had any other condition not listed above?	Gastrointestinal:			Psychiatric Care		
Liver DiseaseRadiation/ChemotherapyStomach/Intestinal DiseaseDrug / Alcohol DependencyWeight Gain or LossHave you had any other condition not listed above?	Ulcers			Growth or Tumor:		
Stomach/Intestinal DiseaseDrug / Alcohol DependencyWeight Gain or LossHave you had any other condition not listed above?	Hepatitis			Cancer		
Weight Gain or Loss         Have you had any other condition not listed above?						
	Stomach/Intestinal Disease					
Acid Reflux (GERD)				Have you had any other condition not listed ab	ove?	
	Acid Reflux (GERD)					

## **Medical History**

Social History:	YES	NO	Do you feel twinges of pain when your teeth come	YES	NO
			into contact with:		
Do you smoke?			Hot food or liquid?		
If yes, how much?			Cold food or liquid?		
Quit? When?			Sours?		
Do you drink alcohol?			Sweets?		
If yes, how much?	1	1			
Do you use recreational drugs?			Do you experience frequent stress?		
If yes, how much?			Do you clench or grind your jaws?		
Drug type?			Do you have a nightguard?		
Family History:	YES	NO	If yes, do you wear it regularly?		
Are you adopted?			Have you been diagnosed with sleep apnea?		
Have any family members ever been treated for	r the		If yes, do you have a CPAP or other Device?		
conditions listed below or any other medical pro	oblen	ns?	Do you use it regularly?		
Diabetes			Have you ever been diagnosed with periodontal disease?		
High Blood Pressure			Have you ever had a "deep cleaning"?		
Heart Problems			Have you ever seen a periodontist?		
Seizure			If yes, what treatment did you receive?		
Periodontal Disease (Tooth Loss)					
Other	1		How often do you brush?		
Dental History:	YES	NO	How often do you floss?		
Do you experience dental anxiety?			How often do you receive professional cleanings?		
Do you gag easily?					
Does food catch between your teeth?					
Do you have difficulty chewing?			Patient Signature (Guardian if minor) Date:		
Do you avoid brushing any part of your mouth because of pain?					
Do your gums bleed easily?			Dentist Initials: Da	ite:	
Do you experience frequent sores in your mouth?			1		
Do you experience dry mouth?			Medical Form Annual Renewal:		
Do you experience tooth sensitivity?			Patient Initials/Date: Doctor Initials	/Date:	
Does your jaw make noise, get tired, get stuck or hurt when you chew or open wide?			/ /		
Do you have jaw symptoms or headaches?					
Do you have a temporomandibular (jaw) disorder? (TMD, TMJ)			/ /		
Do you have pain in the face, cheeks or jaw?					

Doctor's Notes: