

MEDICAL HISTORY

DIRECTIONS: PLEASE CIRCLE AN ANSWER FOR EVERY QUESTION

- 1 Patient legal name: _____
- 2 Are you in good health? _____ Y / N
- 3 Are you presently under the care of a physician? _____ Y / N
If yes, for what condition? _____
Physician name & phone#: _____
- 4 Have you ever:
been hospitalized? _____ Y / N
had a serious illness? _____ Y / N
had a major operation? _____ Y / N
- 5 Have you had, or do you presently have, any of the following conditions?
- | | | | |
|----------------------------------|-------------|--|-------------|
| Heart surgery, disease or attack | _____ Y / N | Psychiatric treatment / mental disorders | _____ Y / N |
| Angina pectoris | _____ Y / N | Rheumatic heart disease | _____ Y / N |
| Congenital heart lesions (MVP) | _____ Y / N | Hepatitis, jaundice or liver disease | _____ Y / N |
| Artificial heart valve | _____ Y / N | Kidney disease or dialysis | _____ Y / N |
| Heart valve disease | _____ Y / N | High / low blood pressure | _____ Y / N |
| AIDS or HIV positive | _____ Y / N | Drug addiction / alcoholism | _____ Y / N |
| Test date: _____ | | Hemophilia / excessive bleeding | _____ Y / N |
| Heart pacemaker | _____ Y / N | Blood transfusion | _____ Y / N |
| Other implanted device(s) | _____ Y / N | Clench or grind your teeth | _____ Y / N |
| Artificial joint / prosthesis | _____ Y / N | Jaw joint / TMD problems | _____ Y / N |
| Stroke | _____ Y / N | Asthma | _____ Y / N |
| Sleep apnea | _____ Y / N | Diabetes | _____ Y / N |
| Hearing impairment | _____ Y / N | Sinus trouble | _____ Y / N |
| Cancer or tumors | _____ Y / N | Seizures / Epilepsy | _____ Y / N |
| Chemotherapy / x-ray treatment | _____ Y / N | Allergies | _____ Y / N |
| Lung disease / Tuberculosis | _____ Y / N | | |
- 6 Have you taken cortisone / prednisone or any other steroid in the last two years? _____ Y / N
- 7 Have you had eye surgery in the last two months? _____ Y / N
- 8 Have you ever or are you currently undergoing bisphosphonate therapy? _____ Y / N
Bisphosphonates are most commonly used to treat osteoporosis, Paget's disease, bone metastases and multiple myeloma.
- 9 Have you ever used any tobacco products? _____ Y / N
If past use only, approximate quit date: _____
- 10 Have you used cocaine, ecstasy, methamphetamine or any street drug in the last 24 hours? _____ Y / N
These drugs can produce life threatening interactions with some dental anesthetics.
Please inform us at each visit if you have used any of these within the last 24 hours.
- 11 Have you ever had an allergic or unusual reaction to any of the following?
- | | | | |
|-------------------------------------|-------------|--------------------------------|-------------|
| Dental local anesthetics | _____ Y / N | Latex | _____ Y / N |
| Aspirin, Acetaminophen or ibuprofen | _____ Y / N | Any other medications or drugs | _____ Y / N |
| Penicillin | _____ Y / N | If yes, please list: _____ | |
| Any other antibiotic | _____ Y / N | _____ | |
| Codeine or other narcotics | _____ Y / N | _____ | |

Please continue on other side ⇨

