***The following confidential information is important for the dentist to know in planning your dental care. Please answer each question as completely as you can. Thank you.***

Patient Name_____Date of Birth_____

# Health Information - Medical

Physician (name and location) _____

_____

Are you presently under a physician's care? If yes, please explain. _____

_____

Have you ever had a serious illness or accident? If yes, please explain. _____

_____

List all medications or drugs (and dosages) that you are taking. _____

_____

Are you allergic to: ❑ Penicillin ❑ Codeine ❑ Latex ❑ Other

| | | | |
|---|---|---|---|
| Heart disease | ☐ Yes ☐ No | Arthritis | ☐ Yes ☐ No |
| Circulatory problems | ☐ Yes ☐ No | Fainting spells | ☐ Yes ☐ No |
| Heart murmur | ☐ Yes ☐ No | Eating disorders | ☐ Yes ☐ No |
| Rheumatic fever | ☐ Yes ☐ No | Headaches | ☐ Yes ☐ No |
| Congenital heart defect | ☐ Yes ☐ No | Weekly ☐ | |
| Abnormal blood pressure | ☐ Yes ☐ No | Monthly ☐ | |
| Diabetes | ☐ Yes ☐ No | Nervousness | ☐ Yes ☐ No |
| Epilepsy/seizures | ☐ Yes ☐ No | Mental health care | ☐ Yes ☐ No |
| AIDS/HIV positive | ☐ Yes ☐ No | Radiation therapy | ☐ Yes ☐ No |
| Abnormal bleeding | ☐ Yes ☐ No | Sinus trouble | ☐ Yes ☐ No |
| Blood transfusion | ☐ Yes ☐ No | Thyroid problem | ☐ Yes ☐ No |
| Prosthetic implant | ☐ Yes ☐ No | Tonsilitis | ☐ Yes ☐ No |
| Hepatitis | ☐ Yes ☐ No | Tumors | ☐ Yes ☐ No |
| Strep throat | ☐ Yes ☐ No | Ulcers | ☐ Yes ☐ No |
| Herpes simplex (cold sores) | ☐ Yes ☐ No | Seasonal Allergies (Hayfever) | ☐ Yes ☐ No |
| Asthma | ☐ Yes ☐ No | Other | ☐ Yes ☐ No |
| Back problems | ☐ Yes ☐ No | | |

_____

Have you ever been advised to be premedicated prior to dental treatment for any of the above conditions? ☐Yes ☐ No

If yes,
reason:_____

_____

The above information is correct to the best of my knowledge.

Patient/Parent Signature _____ Date _____

D.D.S. Signature _____ Date _____

| | | |
|---|---|---|
| **Updates** (Staff use)<br>Note changes in medical history or address and phone number. | ❑ No change ❑ Refer Progress Notes<br>Signed: _____Date:_____ | ❑ No change ❑ Refer Progress Notes<br>Signed: _____Date:_____ |
| ❑ No change ❑ Refer Progress Notes<br>Signed: _____Date:_____ | ❑ No change ❑ Refer Progress Notes<br>Signed: _____Date:_____ | ❑ No change ❑ Refer Progress Notes<br>Signed: _____Date:_____ |
| ❑ No change ❑ Refer Progress Notes<br>Signed: _____Date:_____ | ❑ No change ❑ Refer Progress Notes<br>Signed: _____Date:_____ | ❑ No change ❑ Refer Progress Notes<br>Signed: _____Date:_____ |