Medical History

Patient Name _____ **Date of Birth** _____

Do you take Blood Thinners? Yes _____ No _____

If yes, what are you taking? _____

Do you currently Pre-Medicate with an antibiotic for a dental visit? Yes_____ No _____

Reason for Pre-Med: _____

Which medication do you take as a Pre-Med? _____

Allergies:
___ Aspirin
___ Codeine
___ Latex
___ Local Anesthetics
___ Sulfa
___ Penicillin
Other drugs _____

Prior Surgeries/Hospitalizations:
(Approximate Dates)
1. _____
2. _____
3. _____
4. _____

Do you currently use tobacco products?
Smoke: Yes _____ # of packs per day_____
No _____ Quit _____ years ago
Chew: Yes _____
No _____ Quit _____ years ago

Do you currently drink alcohol?
Yes _____
Daily Consumption _____
No _____

Are you pregnant? Yes _____ No _____
If yes, how many months? _____ Are you nursing? Yes _____ No_____

Do you have or have you ever had (please check):
____ ADD/ADHD
____ Alzheimer/Dementia
____ Anorexia/Bulimia
____ Artificial Joints (list below)
_____
____ Asthma
____ Bleeding Disorders
____ Cancer (Type_____ active/remission)
____ Cholesterol (high)
____ Cold Sores/Canker Sores
____ COPD
____ Depression
____ Diabetes
____ Emphysema
____ Epilepsy/Seizures
____ Heart Disease/Conditions
___Artificial Heart Valve
___Heart attack
___Pacemaker
___Rheumatic Fever
____ Hepatitis; Type **A B C** (circle one)
____ Herpes; Type **1 or 2** (circle one)
____ High/Low Blood Pressure (circle one)
____ HIV+/AIDS
____ Kidney Disease
____ Psychiatric Treatment
____ Sleep Apnea
____ Special Needs/Disabilities (list below)
_____
_____
____ Stroke
____ Thyroid
____ Tuberculosis
____ Other: _____
_____

Medical History
(continued)

When was your last dental exam? _____

Do you have any specific dental concerns? _____

_____

CURRENT MEDICATIONS

Name of Medication	Reason for Taking Medication
1: _____	_____
2: _____	_____
3: _____	_____
4: _____	_____
5: _____	_____
6: _____	_____
7: _____	_____
8: _____	_____
9: _____	_____
10: _____	_____

Signature _____ Date _____
(If minor, parent/guardian signature)