



FAMILY DENTISTRY

### Medical History

Patient's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Date of last visit? \_\_\_\_\_ Are you currently under physician's care? Y ( ) N ( ) if yes please describe:

Have you ever been hospitalized or had a major operation? Y ( ) N ( ) if yes please describe:

Have you ever had a serious injury to your head or neck? Y ( ) N ( ) if yes please describe:

List of medications you are currently taking \_\_\_\_\_

Do you take prophylactic antibiotics before any dental visit? Y ( ) N ( )

Are you on a special diet or have you taken Fen-Phen? Discuss \_\_\_\_\_

Are you all allergic to any medications or substances? Please check all that applies.

( ) Aspirin ( ) Penicillin ( ) Codeine ( ) Acrylic ( ) Metal ( ) Latex Rubber ( ) Other \_\_\_\_\_

Women (please check)  Pregnant  Trying to get pregnant  Nursing  Taking oral contraceptives

**Check, if you have a problem with any of the following:**

- AIDS
- Allergies (medicine)
- Allergies (pollen/dust)
- Angina/chest pains
- Alzheimer's disease
- Anemia
- Arthritis/Gout
- Artificial Joint
- Artificial Heart Valve
- Asthma
- Blood Disease
- Breathing Problem
- Bruise Easily
- Cancer
- Chemotherapy
- Cold Sores
- Congenital Heart Disorder
- Cortisone Medicine
- Convulsions
- Diabetes
- Drug Addiction
- Excessive Bleeding
- Excessive Thirst
- Emphysema
- Epilepsy or Seizures
- Fainting or Dizziness
- Fever Blisters
- Frequent Cough
- Frequent Diarrhea
- Glaucoma
- Glaucoma
- Heart Attack/Failure
- Heart Murmur
- Heart Pace Maker
- Heart Trouble/Disease
- Heart Surgery
- Hemophilia (Bleeding Disease)
- Hepatitis A (Infectious)
- Hepatitis B (Serum)
- Hepatitis C
- Herpes
- High Blood Pressure
- Hives or Rash
- HIV Positive
- Hypoglycemia
- Irregular Heart Beat
- Kidney Problems
- Leukemia
- Liver Disease
- Low blood pressure
- Lung Disease
- Mitral Valve Prolapse
- Nervousness
- Pain in Jaw Joints
- Parathyroid Disease
- Psychiatric Care
- Radiations Treatments
- Recent Blood Transfusion
- Recent weight loss
- Renal Dialysis
- Rheumatic Fever
- Rheumatism
- Scarlet Fever
- Shortness of Breath
- Shunts
- Sickle Cell Disease
- Sinus Trouble
- Stomach/Intestinal Disease
- Stroke
- Swelling of Limbs
- Thyroid Disease
- Tuberculosis
- Tumors of Growths
- Ulcers
- Venereal Disease
- Yellow Jaundice

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by Doctor

\_\_\_\_\_  
Date

**Medical Update:**

Date:    Medical Status                      New Medications                      Pt's initial                      BP                      Review by
