

Dental History

Today's Date _____

Date of your last exam _____

Reason for today's visit _____

- Are your teeth sensitive to cold? Yes No
- Do your gums bleed when you brush? Yes No
- Do you clench or grind your teeth? Yes No
- Are you having pain at this time? Yes No

Do you have any of the following conditions? (If yes, please circle)

- | | | |
|-----------------------|---------------------------|-----------------------|
| Heart Murmur | Heart Pace Maker | Heart trouble/disease |
| Artificial Valve | Congenital heart disorder | Liver disease |
| Rheumatic fever | High blood pressure | Drug addiction |
| Mitral valve prolapse | Radiation Therapy | COPD |
| Artificial joint | Chemo Therapy | Glaucoma |
| Stroke | Diabetes | Thyroid problems |
| Metal screws/pins | Cancer | Emphysema |
| Sinus trouble | Tuberculosis | Asthma |
| Arthritis | Nervousness | Tumors or growths |
| Hepatitis A | Venereal disease | A.I.D.S. |
| Hepatitis B | Cold Sores/fever blisters | H.I.V. positive |
| Hemophilia | Anemia | Epilepsy or Seizures |
| Sickle Cell Disease | Ulcer | Chronic cough |

Do you have any disease, condition, or problem not listed above? _____

If yes, please explain: _____

*Women: Are you pregnant or trying to get pregnant? Yes No Nursing? Yes No

Allergies (please circle if applicable) Asprin Penicillin Codeine Acrylic Rubber Iodine Sulfa Local Anestic
Other? _____

Do you have any medical conditions, not listed above,
That we should know about? If so, please list below:

Are you taking, or have you taken, any medications?
If so, please list below:

Physicians Name: _____

Phone: _____

Address: _____

I certify that I have read and understand the above questions and information, and I have accurately answered these questions to the best of my knowledge. I also understand that providing incorrect information can be dangerous to my health. It is my responsibility to adequately inform the dental office of any changes in my medical status.

Patient Name: _____

Signature of Patient or Guardian if a Minor
Date _____