



Dental and Health History

Name _____ Birthdate _____

Are you satisfied with the appearance of your teeth? **Y N**
 Are you apprehensive about dental treatment? **Y N**
 Do your gums bleed easily? **Y N**
 Do you suffer from dry mouth? **Y N**
 Have you recently had pain or sensitivity on your teeth? **Y N**
 Date of last Dental Exam _____ Dental Xrays _____ Dental Cleaning _____
 Is there something in particular you would like addressed today concerning your teeth? _____

Please indicate if any of the following apply to you either presently or in the past

Heart _____ **Cancer** _____

- _____ Chest Pain
 _____ Heart Attack
 _____ Stroke
 _____ Shortness of Breath
 _____ High Blood Pressure
 _____ Tachycardia
 _____ Artificial Heart Valve
 _____ Rheumatic Fever
 _____ Pacemaker
 _____ Heart Murmur
- Please list what type _____
 _____ Chemotherapy
 _____ Radiation
- Blood and Joint Problems** _____
 _____ Osteoporosis
 _____ Arthritis
 _____ Joint Replacement
- Respiratory** _____
 _____ Chronic Sinusitis
 _____ Asthma/COPD

Circulatory _____ **Neurological** _____

- _____ Abnormal Bleeding
 _____ Bruise Easily
 _____ Anemia
 _____ Blood Thinning Medication
 _____ Coumadin / Warfarin / Xarelto
 _____ Aspirin
 _____ Blood Transfusion
 _____ AIDS / HIV
 _____ Hepatitis A / B / C
- _____ Epilepsy / Seizures
 _____ Fainting Spells / Vertigo
- Endocrine** _____
 _____ Diabetes Pre / I / II
 _____ Low Thyroid
 _____ Liver Failure
- Women** _____
 _____ Currently Pregnant

Other _____ Any history of drugs, alcohol or smoking

Are you currently being treated for any medical dental conditions _____ Please indicate any other condition that may affect your treatment _____

Please list any allergies you may have here _____

Have you ever taken any **bisphosphonate** medication such as Fosamax, Actonel, Boniva, Aredia, Reclast or Didronel **Y N**

Please list any prescription and over the counter medications you are currently taking _____

Patient (guardian) Signature _____ Date _____ Reviewed By _____ Date _____