

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 _____