

PATIENT MEDICAL HISTORY

Today's date: _____

Date of your last visit? _____

Patient Name _____

Address _____

City, State, Zip _____ E-mail: _____

Home phone: _____ Cell: _____ Birthday: _____ S.S. # _____

Marital Status: Married, Divorced, Single, Widowed

Primary Dental Guarantor: _____ Secondary dental Guarantor: _____

Physician Name: _____ Physician phone: _____

Pharmacy: _____ Pharmacy phone: _____

Who may we thank for referring you to our office? _____

Sex: Male / Female (If female please answer the following)

Y N Are you taking birth control pills?

Y N Are you pregnant? If yes # of weeks _____

Y N Are you nursing?

Please answer the following?

Y N Do you smoke or use tobacco?

Y N Do you use Alcohol products?(if yes how much?) _____

Conditions

Y N Abnormal bleeding

Y N Alcohol Abuse

Y N Allergies

Y N Anemia

Y N Angina Pectoris

Y N Arthritis

Y N Artificial bones

Y N Artificial heart valve

Y N Asthma

Y N Blood transfusion

Y N Botox/Dermal fillers

Y N Cancer/chemotherapy

Y N Colitis

Y N Congenital heart

Y N Cosmetic Surgery

Y N Diabetes

Y N Difficulty breathing

Y N Drug Abuse

Y N Emphysema

Y N Epilepsy

Y N Fainting spells

Y N Fever Blisters

Y N Frequent Headaches

Conditions

Y N Glaucoma

Y N Hay fever

Y N Heart attack

Y N Heart Surgery

Y N Hemophilia

Y N Hepatitis A

Y N Hepatitis B

Y N High blood pressure

Y N HIV/Aids

Y N Kidney problems

Y N Liver disease

Y N Low blood pressure

Y N Mitral Valve Prolapse

Y N Pace Maker

Y N Pneumocystis

Y N Psychiatric problems

Y N Radiation Therapy

Y N Rheumatic Therapy

Y N Seizures

Y N Shingles

Y N Sickle Disease

Y N Sinus Problems

Conditions

Y N Stroke

Y N Thyroid problems

Y N Tuberculosis

Y N Ulcers

Y N Venereal Disease

Y N Yellow Jaundice

Allergies

Y N Aspirin

Y N Codeine

Y N Anesthetics

Y N Erythromycin

Y N Jewelry

Y N Latex

Y N Metals

Y N Penicillin

Y N Tetracycline

Y N Sulfa

Other:

PLEASE SEE BACK

Medications

 Y N is there any disease, condition, or recent surgeries that you think this office should know about that was not covered in your paperwork? (if yes, please describe below...)

Notes:

Signature: _____ Date: _____

(If under 18, parent or guardian signature required)

