

Personal Health History

Patient's Name _____ Date of Birth _____ Male / Female

•Do you have a personal physician? Yes / No If yes, please give name of physician: _____

•Are you being treated for any current medical conditions? Yes / No If yes, please explain: _____

•Do you seek regular medical examinations? Yes / No

•Please list any prescription medications you are currently taking: _____

•Please list any non prescription medication you are currently taking including vitamins: _____

•Do you have allergies to any of the following?

medications (if yes please name): _____

antibiotics (if yes please name): _____

anesthetics

metals

latex

seasonal

other _____

•Are you pregnant? Yes / No

•Do you have any heart related issues? Yes / No If yes, please explain: _____

•Do you have a pacemaker? Yes / No

•Have you ever had rheumatic fever or an artificial heart valve? Yes / No

•Do you have any artificial joints? Yes / No

•Have you ever been told by a physician you need to take pre-medication prior to dental care? Yes / No

•Have you ever had radiation or chemo treatment? Yes / No If yes, when: _____

•Do you have arthritis? Yes / No

•Do you have any bleeding disorders? Yes / No

•Do you suffer from any digestive problems such as acid reflux? Yes / No

•Do you have diabetes? Yes / No If yes: Type I (insulin dependant) or Type II

•Do you have asthma? Yes / No If yes: Do you carry an inhaler with you? Yes / No

•Do you have any seizure disorders? Yes / No

•Do you have any infectious or communicable diseases we should know about? Yes / No

•Do you use any forms of tobacco? Yes / No

•Have you ever been treated for alcohol or substance issues? Yes / No

•Do you have any emotional or anxiety issues? Yes / No

•Do you have any other conditions or concerns that we did not cover? Yes / No _____

NOTE

PATIENT'S/ GUARDIAN'S SIGNATURE _____ DATE _____
(Reviewed by) DENTIST'S SIGNATURE _____ DATE _____

**PLEASE LET US KNOW IF YOU WOULD LIKE YOUR BLOOD PRESSURE CHECKED WHILE IN OUR OFFICE.
WE WOULD BE HAPPY TO DO SO!**