

HEALTH AND DENTAL HISTORY

Patient Information:

Date: _____

Name: _____
Last First Middle

Have you ever been diagnosed with any of the following? Please check all that apply:

- AIDS
- Excessive Bleeding
- Liver Disease
- Stroke
- Allergies: _____
- Fainting
- Mental Disorders
- Tuberculosis
- _____
- Glaucoma
- Nervous Disorders
- Tumors
- Anemia
- Growths
- Pacemaker
- Ulcers
- Arthritis
- Hay Fever
- Currently Pregnant
- Venereal Disease
- Artificial Joints
- Head injuries
- Due Date: _____
- Codeine allergy
- Blood disease
- Heart Disease
- Radiation Treatment
- Penicillin allergy
- Cancer
- Heart Murmur
- Respiratory problems
- Tobacco use
- Diabetes
- Hepatitis
- Rheumatic fever
- OTHER:
- Dizziness
- High Blood Pressure
- Rheumatism
- Rx: PhenPhen
- Epilepsy
- Jaundice
- Sinus problems
- Mitral Valve Prolapse
- Asthma
- Kidney Disease
- Stomach Problems
- _____

Have you been admitted to a hospital or needed emergency care in the past two years?
____yes ____no

If yes, please explain: _____

Have you had surgery in the last 5 years? ____yes ____no.

If yes, what for: _____

Are you currently under the care of a physician? ____yes ____no

If yes, please give physicians name and phone number: _____

Please list all medications you are currently taking, use the back of this sheet if necessary:

What brings you to our office today? _____

How long has it been since your last dental visit? _____

Do you have any specific areas of concern or problems? _____

Are you happy with the appearance of your teeth and smile? _____

Have you ever had any problems with any of the following; please check all that apply

- Bleeding or sore gums
- Clenching / grinding your teeth
- Food sticking between teeth
- Bad breath or taste
- Cracked, broken or worn teeth
- Hot / Cold Sensitivity
- Burning Tongue
- Loose teeth
- Sensitivity to sweets
- Blisters or cold sores
- Shifting or movement of teeth
- Sensitivity to chewing / biting
- Periodontal (gum) disease
- Missing teeth
- Stained or yellow teeth

Signature _____

Date: _____