Patient Name _____

It is important that we know about your medical history. Many things have a direct bearing on your health. We will review the questionnaire and discuss it with you in detail. Information you give us is strictly confidential and will not be released to anyone without your written permission.

Physician's Name _____ Date of Last Physical Examination_____

In Case of Emergency, Notify_____ Phone #_____

Address_____ City_____ State_____ Zip_____

Do you have any of the following? Please indicate with a check mark. √

Yes	No		Yes	No		Yes	No		Yes	No	
❒	❒	Heart Problems	❒	❒	M.S./M.D./Cerebral Palsy	❒	❒	Tuberculosis	❒	❒	Blood Transfusion Dates_____
❒	❒	Heart Murmur	❒	❒	Epilepsy	❒	❒	Arthritis	❒	❒	Artificial Joints
❒	❒	High Blood Pressure	❒	❒	Hemophilia	❒	❒	Asthma	❒	❒	Malignancies
❒	❒	Low Blood Pressure	❒	❒	Allergies to _____	❒	❒	Typhoid Fever	❒	❒	Sinus Problems
❒	❒	Circulatory Problems	❒	❒	Allergies to Anesthetics	❒	❒	Diabetes	❒	❒	Psychiatric Care
❒	❒	Stroke	❒	❒	Measles	❒	❒	Ulcer	❒	❒	Lupus
❒	❒	Pacemaker	❒	❒	Mumps	❒	❒	Hepatitis (circle: A B C D E)	❒	❒	Are you pregnant?
❒	❒	Bleeding Problems	❒	❒	Rheumatic Fever	❒	❒	Sexually Transmitted Disease			
❒	❒	Anemia	❒	❒	Scarlet Fever	❒	❒	Positive HIV (AIDS)			
❒	❒	Nervous System/Problems	❒	❒	Tonsillitis	❒	❒	AIDS			

Explanation of Above: _____

Medications: List medications you are taking (or within past 30 days) (Prescribed or over-the counter, i.e. Antibiotics, Birth Control, Aspirin, etc)_____

Are you now, or have you ever taken a class of drugs called Bisphosphonates (i.e. Fosemax, Boniva, Skelid, etc.)?
❒ Yes ❒ No Explain: _____

Have you had any clicking or discomfort in your jaw joints? ❒ Yes ❒ No Explain: _____

Are you currently under the care of a physician? ❒ Yes ❒ No Explain: _____

Have you been hospitalized for any reason in the past 5 years? ❒ Yes ❒ No Explain: _____

When was the last time you were at the dentist? _____ When was the last time you had a cleaning? _____

Why did you leave your last dentist? _____

Have you had any problems with previous dental treatment?
❒ Yes ❒ No Explain: _____

Signature:_____

Dentist Notes

_____

_____

_____

_____