1111 DENTAL

HEALTH HISTORY FORM

Patient Name: _____ Date of Birth: _____

Physician's name, phone, and date of last exam: _____

Yes No Do you take medications? If so, please list: _____

_____

Yes No Do you have allergies (Penicillin, Codeine, Latex, etc.)? If so, please list: _____

Yes No Have you been hospitalized? If so, please list dates and reasons: _____

Do you have or have you ever had any of the following (if "Yes", please circle which):

Yes No Artificial joints (hip, knee, etc.)
Yes No High blood pressure / Angina / Arrhythmias
Yes No Heart disease / Heart attack / Defibrillator
Yes No High Cholesterol
Yes No Artificial heart valve / Pacemaker
Yes No Bleeding disorders / Prolonged bleeding
Yes No Anemia / Leukemia / Blood dyscrasias
Yes No Stroke / Aneurysm
Yes No Seizures
Yes No Hepatitis / Liver disease / Kidney problems
Yes No HIV / AIDS
Yes No Ulcers / Stomach problems
Yes No Osteoporosis / Bone disease
Yes No Diabetes / Family History of Diabetes
Yes No Thyroid / Adrenal problems

Yes No Periodontal (gum) disease
Yes No Family history of periodontal disease
Yes No Cancer / Tumors - explain _____
Yes No Chemotherapy / Radiation treatment
Yes No Sinus problems / Ear problems
Yes No Asthma / Tuberculosis / Lung disease
Yes No Arthritis / Lupus
Yes No Anxiety / Depression / Psychiatric treatment
Yes No Dental anxiety
Yes No Sleep Apnea
Yes No TMJ Pain / Disorder
Yes No Tobacco use/e-cigarette/marijuana
Yes No Drug / Alcohol abuse
Yes No Currently Pregnant / Nursing

Yes No Any other medical problems? If so, please describe: _____
Yes No Would you like to discuss sedation options for your dental treatment?
Rate your smile on a scale of 1-10, with 10 being perfect: 1 2 3 4 5 6 7 8 9 10

How often do you: brush your teeth_____ floss your teeth_____

To the best of my knowledge, I have filled out this Health History Form completely and accurately.

Patient / Guardian Signature: _____Date: _____

Hygienist/Assistant Signature: _____Date: _____

Doctor Signature: _____Date: _____

Revised: October 3, 2018