

**MEDICAL HISTORY - NAME:** \_\_\_\_\_ **- WHAT WOULD YOU LIKE TO BE CALLED?** \_\_\_\_\_

Although dental personnel primarily treat the area in and around your mouth, your mouth is part of your entire body. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry that you will be receiving. Thank you for answering the following questions truthfully and thoroughly.

If you could change anything about your smile, what would you change?  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Do you have a history of smoking or chewing tobacco?</td> <td style="width:5%;">YES</td> <td style="width:5%;">NO</td> <td style="width:25%;">How many packs per week?</td> <td style="width:50%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td>How many cans of chew per week?</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>How many years of tobacco use?</td> <td></td> </tr> </table>	Do you have a history of smoking or chewing tobacco?	YES	NO	How many packs per week?					How many cans of chew per week?					How many years of tobacco use?		Have you been hospitalized and/or had surgeries in the past? If so, for what?  Do you have any other medical problems of which you feel we should be made aware? Please describe.	Doctor's Use Only
Do you have a history of smoking or chewing tobacco?	YES	NO	How many packs per week?														
			How many cans of chew per week?														
			How many years of tobacco use?														

**DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?**

	YES	NO		YES	NO		YES	NO		YES	NO
Asthma			Glaucoma			HIV/AIDS			Heart Murmur		
Diabetes			IV Drug Use			High/Low Thyroid			Heart Defect		
Kidney Trouble			"Street" Drug Use			Mental Health Care			Heart Attack		
Immune Suppression			Bulimia			Bleeding Disorder			High Blood Pressure		
Nervousness/Anxiety			Rheumatic Fever			IBS			Irregular Heart Beat		
Seizures/Convulsions			Sleep Apnea			Crohn's Disease			Pacemaker		
Artificial Joints			Liver Trouble			Stomach Ulcers			Angina		
Hepatitis A			Cancer			Steroid Treatment			Congenital Heart Problems		
Hepatitis B			Radiation Therapy			Jaw Pain			Stroke		
Hepatitis C, D or E			Chemotherapy			Clicking/Popping in Jaw Joint			Tuberculosis		
Osteoporosis/Osteopenia									Cough that produces blood		

**DO YOU TAKE ANY OF THE FOLLOWING MEDICATIONS?**

	YES	NO		YES	NO		YES	NO		YES	NO
Seizure Medication			Birth Control Pills			Laxatives			Antacids (Maalox, Tums)		
Asthma Medication			Ulcer Medication			Antidepressants			Arthritis Medication		
Emphysema Medication			Insulin			Hormones			Steroids (Prednisone)		
Vitamins			Diabetes Pills			Blood Pressure pills			Viagra, Cialis, Levitra		
Osteoporosis Medication			Antibiotics			Nitroglycerine			Thyroid Hormone		
Fosamax, Actonel, Boniva			Sedatives			Digitalis or heart medication					
Zometa, Aredia			Tranquilizers			Alcoholic beverages on a regular basis					
Forteo, Maicalcin Nas			Pain Pills			Anticoagulants (Coumadin, Warfarin, Plavix)					
Glaucoma Medicine			Antihistamines			Aspirin, Bufferin, Empirin					

**DO YOU HAVE AN ALLERGY OR AN ADVERSE REACTION TO ANY OF THE FOLLOWING?**

	YES	NO		YES	NO		YES	NO		YES	NO
Cloves			Amoxicillin			Tetracycline			Ibuprofen/ NSAIDS		
Red Dye			Clindamycin			Acetaminophen			Vicodin/Hydrocodone		
Iodine			Erythromycin			Penicillin			Local Anesthetics like Novocaine		

OTHER ALLERGIES:

<b>FEMALES ONLY</b>	YES	NO	<b>FEMALES ONLY</b>	YES	NO
Is there any chance you could be pregnant at this time? Weeks along?			Are you currently nursing? Are you currently taking birth control pills?		

**OFFICE USE ONLY**

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_     
 **PREMED NEEDED? Y / N**     
 **STOP PREMED DATE?** \_\_\_\_/\_\_\_\_     
 **EPI - OK? Y/N**     
 **BLOOD SUGAR** \_\_\_\_\_  
**BP** \_\_\_\_/\_\_\_\_ **PULSE** \_\_\_\_\_     
 **REASON FOR PREMED** \_\_\_\_\_     
 **REASON FOR NO-EPI** \_\_\_\_\_

