

Heavenly Smiles Medical History #2

Patient Name:

Birth Date:

Date Created:

Although dental personnel primarily treat the area in and around your mouth, your mouth is a 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 you will receive. Thank you for answering the following questions.

- Are you under a physician's care now?
Have you ever been hospitalized or had a major operation?
Do you have an artificial joint? If yes, where and when?
Have you ever had a serious head or neck injury?
Have you ever been told you need to take antibiotics prior to dental treatment? If yes, for what?
Are you on a special diet?
Are you taking any medications, vitamins, herbal supplements, pills or drugs?

Women: Are you....

- Pregnant/Trying to get pregnant?
Nursing?
Taking oral contraceptives?

Do you use or have you used any of the following? If yes, please explain below.

- Phen-Fen/Redux, Fosomax/Boniva, Actonel, Tobacco, Controlled Substances, Nightguard/NTI, Snoreguard/CPAP, Marijuana

Are you allergic to any of the following?

- Acrylic, Local Anesthetics, Asprin, Metal, Codeine, Penicillin, Latex, Sulfa Drugs

- Foods?
Other?

Do you have, or have you had, any of the following?

- AIDS/HIV Positive, Angina, Blood Disease, Chemotherapy, Diabetes, Frequent Cough, Heart Murmur, Hepatitis A, Hives or Rash, Kidney Problems, Lung Disease, Pain in Jaw Joints, Renal Dialysis, Shingles, Steroid Therapy, Sleep Apnea/Sleep Study, Tumors or Growths, Alzheimer's Disease, Arthritis/Gout, Breathing Problems, Chest Pains, Drug Addiction, Frequent Headaches, Heart Pacemaker, Hepatitis B or C, HPV, Leukemia, Mitral Valve Prolapse, Parathyroid Disease, Rheumatic Fever, Sickle Cell Disease, Stomach/Intestinal Disease, Thyroid Disease, Ulcers, Anaphylaxis, Artificial Heart Valve, Bruise Easily, Cold Sores/Fever Blisters, Eating Disorder, Hay Fever, Heart Trouble/Disease, High Blood Pressure, Hypoglycemia, Liver Disease, Open Heart Surgery, Psychiatric Care, Rheumatism, Sinus Trouble, Stroke, Tonsillitis, Gum Disease, Anemia, Asthma, Cancer, Congenital Heart Disorder, Fainting Spells/Dizziness, Heart Attack/Failure, Hemophilia, High Cholesterol, Irregular Heartbeat, Low Blood Pressure, Osteoporosis, Radiation Treatments, Scarlet Fever, Spina Bifida, Swelling of Limbs, Tuberculosis, Acid Reflux

Have you ever had any serious illness not listed

Comments:

Signature

To the best of my knowledge, the questions on the form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

Signature of Patient, Parent or Guardian:

X

Date: