PATIENT MEDICAL HISTORY

Patient's Name

Address	Today's Date	Date of Last Visit	Date of Medical History

City State Zip	E-mail

Home Phone	Work Phone	DOB	Social Security No.	Marital Status
		/ /	- -	S/M/D/W

Primary Dental Guarantor	Home Phone	Work Phone

Secondary Dental Guarantor	Home Phone	Work Phone

Physician's Name	Physician's Phone

Pharmacy	Pharmacy Phone

For Office use Only
Medical Alerts:

Sex

If female please answer the following

Y	N	
❒	❒	Are you taking birth control pills?
❒	❒	Are you pregnant? If Yes, # of weeks ___
❒	❒	Are you nursing?

All please answer the following

Y	N		
❒	❒	Do you use tobacco?	Height_____ Weight _____

For Office Use Only
BP _____ Heart Rate _____

Y	N	Conditions
Y	N	Abnormal Bleeding
Y	N	Alcohol Abuse
Y	N	Allergies
Y	N	Anemia
Y	N	Angina Pectoris
Y	N	Arthritis
Y	N	Artificial Heart Valve
Y	N	Artificial Joints
Y	N	Asthma
Y	N	Blood Transfusion
Y	N	Cancer – Chemotherapy
Y	N	Colitis
Y	N	Congenital Heart Defect
Y	N	Diabetes
Y	N	Difficulty Breathing
Y	N	Drug Abuse
Y	N	Emphysema
Y	N	Epilepsy
Y	N	Fainting Spells
Y	N	Fever Blisters
Y	N	Frequent Headaches
Y	N	Glaucoma

Y	N	Conditions
Y	N	HIV+ AIDS
Y	N	Hay Fever
Y	N	Heart Attack
Y	N	Heart Surgery
Y	N	Hemophilia
Y	N	Hepatitis A
Y	N	Hepatitis B
Y	N	High Blood Pressure
Y	N	Kidney Problems
Y	N	Liver Disease
Y	N	Low Blood Pressure
Y	N	Mitral Valve Prolapse
Y	N	Pace Maker
Y	N	Pain in Jaw Joints
Y	N	Pneumocystis
Y	N	Psychiatric Problems
Y	N	Radiation Therapy
Y	N	Rheumatic Fever
Y	N	Seizures
Y	N	Shingles
Y	N	Sickle Cell Disease
Y	N	Sinus Problems

Y	N	Conditions
Y	N	Stroke
Y	N	Thyroid Problems
Y	N	Tuberculosis
Y	N	Ulcers
Y	N	Venereal Disease
Y	N	Yellow Jaundice

Y	N	Allergies
Y	N	Aspirin
Y	N	Codeine
Y	N	Dental Anesthetics
Y	N	Erythromycin
Y	N	Jewelry
Y	N	Latex
Y	N	Metals
Y	N	Tetracycline
		Other____ ___
		_____
		_____
		_____
		_____

Medications

Y N

❒ ❒ Is there any disease, condition, or problem that you think this office should know about that is not covered above? If yes, please describe below…..

Notes

SIGNATURE_____ DATE_____

(If under 18, Parent or Guardian signature required.)