## MEDICAL AND DENTAL HISTORY

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.

Patient name		Date of birth			
If you are currently under a physicians care please list the reason					
Physicians name Phone #					
Name of previous dentist		Phone #  Date of your last dental x-rays			
Date of your last dental clean	ing				
Please list all medications you	ı are currently ta	king including ov	er the counter m	nedicines	
Please circle if you are allergi	ic or have reacted	l adversely to any	of the following	medications	
Aspirin Codeine Erythromycin Latex	Local Anestl Nitrous Oxio Penicillin Percodan	Percodan		Sulfa Tetracycline Valium Other:	
Please circle if you have ever		_		V	7
Actonel Aredia  Please circle any of the follow	Boniva	Fosamax	Reclast	Xgeva	Zometa
AIDS Allergies (seasonal) Anemia Angina (chest pain) Arthritis Artificial Heart Valve Artificial Joints Asthma Blood Disease Bruise Easily Cancer Chemotherapy Cortisone Medication Diabetes Dizziness Drug Addiction Emphysema Epilepsy Excessive Bleeding Fainting Glaucoma Heart Conditions Heart Lesions (congenital) Heart Murmur Heart Surgery Hepatitis A Hepatitis B	High Blood Pressure HIV Positive HPV (Human Papilloma V Jaundice Kidney Disease Low Blood Pressure Mitral Valve Prolapse Nervousness/Depressi Pacemaker Pregnant (currently) Radiation (head/neck) Respiratory Problems Rheumatic Fever Rheumatism Scarlet Fever Seizures Sinus Problems Sleep Apnea Stomach Problems Stroke Thyroid Disease Tuberculosis Ulcers Venereal Diseases Any Other Condition I		Virus On	Tooth Sensitivity Headaches, Earaches, or Neck Pain Jaw Joint Pain Teeth or Fillings Breaking Grinding or Clenching Teeth Bleeding, Swollen, or Irritated Gums Loose or Shifting Teeth Bad Breath Dentures Partial Dentures Braces Periodontal (gum) Treatments Dry Mouth Mouth Sores or Ulcers Use Tobacco Products	

**Signature** 

**Date**