



# MEDICAL HISTORY

Patient Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_

Name of Physician/and their specialty \_\_\_\_\_

Most recent physical examination \_\_\_\_\_ Purpose \_\_\_\_\_

What is your estimate of your general health?  Excellent  Good  Fair  Poor

**DO YOU HAVE or HAVE YOU EVER HAD:**

**YES NO**

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- 1. hospitalization for illness or injury \_\_\_\_\_
- 2. an allergic or bad reaction to any of the following:
  - aspirin, ibuprofen, acetaminophen, codeine \_\_\_\_\_
  - penicillin \_\_\_\_\_
  - erythromycin \_\_\_\_\_
  - tetracycline \_\_\_\_\_
  - sulfa \_\_\_\_\_
  - local anesthetic \_\_\_\_\_
  - fluoride \_\_\_\_\_
  - chlorhexidine (CHX) \_\_\_\_\_
  - iodine \_\_\_\_\_
  - metals (nickel, gold, silver, \_\_\_\_\_ )
  - latex \_\_\_\_\_
  - nuts \_\_\_\_\_
  - fruit \_\_\_\_\_
  - milk \_\_\_\_\_
  - red dye \_\_\_\_\_
  - other \_\_\_\_\_
- 3. heart problems, or cardiac stent within the last six months \_\_\_\_\_
- 4. history of infective endocarditis \_\_\_\_\_
- 5. artificial heart valve, repaired heart defect (PFO) \_\_\_\_\_
- 6. pacemaker or implantable defibrillator \_\_\_\_\_
- 7. orthopedic or soft tissue implant (e.g joint replacement, breast implant) \_\_\_\_\_
- 8. heart murmur, rheumatic or scarlet fever \_\_\_\_\_
- 9. high or low blood pressure \_\_\_\_\_
- 10. a stroke (taking blood thinners) \_\_\_\_\_
- 11. anemia or other blood disorder \_\_\_\_\_
- 12. prolonged bleeding due to a slight cut (or INR > 3.5) \_\_\_\_\_
- 13. pneumonia, emphysema, shortness of breath, sarcoidosis \_\_\_\_\_
- 14. chronic ear infections, tuberculosis, measles, chicken pox \_\_\_\_\_
- 15. breathing problems (e.g. asthma, stuffy nose, sinus congestion) \_\_\_\_\_
- 16. sleep problems (e.g. sleep apnea, snoring, insomnia, restless sleep, bedwetting) \_\_\_\_\_
- 17. kidney disease \_\_\_\_\_
- 18. liver disease or jaundice \_\_\_\_\_
- 19. vertigo (e.g. "the room is spinning") \_\_\_\_\_
- 20. thyroid, parathyroid disease, or calcium deficiency \_\_\_\_\_
- 21. hormone deficiency or imbalance (e.g. polycystic ovarian syndrome) \_\_\_\_\_
- 22. high cholesterol or taking statin drugs \_\_\_\_\_
- 23. diabetes (HbA1c = \_\_\_\_\_ ) \_\_\_\_\_
- 24. stomach or duodenal ulcer \_\_\_\_\_
- 25. digestive or eating disorders (e.g. celiac disease, gastric reflux, bulimia, anorexia) \_\_\_\_\_

- 26. osteoporosis/osteopenia or ever taken anti-resorptive medications (e.g. bisphosphonates) \_\_\_\_\_
- 27. arthritis or gout \_\_\_\_\_
- 28. autoimmune disease (e.g. rheumatoid arthritis, lupus, scleroderma) \_\_\_\_\_
- 29. glaucoma \_\_\_\_\_
- 30. contact lenses \_\_\_\_\_
- 31. head or neck injuries \_\_\_\_\_
- 32. epilepsy, convulsions (seizures) \_\_\_\_\_
- 33. neurologic disorders (e.g. Alzheimer's disease, dementia, prion disease) \_\_\_\_\_
- 34. viral infections and cold sores \_\_\_\_\_
- 35. any lumps or swelling in the mouth \_\_\_\_\_
- 36. hives, skin rash, hay fever \_\_\_\_\_
- 37. STI/STD/HPV \_\_\_\_\_
- 38. hepatitis (type \_\_\_\_\_ ) \_\_\_\_\_
- 39. HIV/AIDS \_\_\_\_\_
- 40. tumor, abnormal growth \_\_\_\_\_
- 41. radiation therapy \_\_\_\_\_
- 42. chemotherapy, immunosuppressive medication \_\_\_\_\_
- 43. emotional difficulties \_\_\_\_\_
- 44. psychiatric treatment or antidepressant medication \_\_\_\_\_
- 45. concentration problems or ADD/ADHD \_\_\_\_\_
- 46. alcohol/recreational drug use \_\_\_\_\_

**ARE YOU:**

- 47. presently being treated for any other illness \_\_\_\_\_
- 48. aware of a change in your health in the last 24 hours (e.g., fever, chills, new cough, or diarrhea) \_\_\_\_\_
- 49. taking medication for weight management \_\_\_\_\_
- 50. taking dietary supplements, vitamins, and/or probiotics \_\_\_\_\_
- 51. often exhausted or fatigued \_\_\_\_\_
- 52. experiencing frequent headaches or chronic pain \_\_\_\_\_
- 53. a smoker, smoked previously or other (e.g. smokeless tobacco, vaping, e-cigarettes, and cannabis) \_\_\_\_\_
- 54. considered a touchy/sensitive person \_\_\_\_\_
- 55. often unhappy or depressed \_\_\_\_\_
- 56. taking birth control pills \_\_\_\_\_
- 57. currently pregnant \_\_\_\_\_
- 58. diagnosed with a prostate disorder \_\_\_\_\_

Describe any current medical treatment, impending surgery, genetic/development delay, or other treatment that may possibly affect your dental treatment. (i.e. Botox, Collagen Injections) \_\_\_\_\_

List all medications, supplements, vitamins, and/or probiotics taken within the last two years.

Drug	Purpose	Drug	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING.**

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_