Medical History

What is your main concern? (Circle) **Spaces, Crowding, Appearance, Referral, Jaw Pain, Tooth Wear**

Are you presently in good health? ..... Y / N

Are you presently under a physician's care? ..... Y / N

Have you had an illness, operation or been hospitalized in the last 5 years? ..... Y / N

Do you have an artificial joint, heart valve replacement or vascular graft? ..... Y / N

Have you ever been told that you require antibiotics prior to dental treatment? ..... Y / N

Do you see a dentist for regular preventative care? ..... Y / N

Have you had, or currently have:

Rheumatic Fever ..... Y / N

Heart Condition (MVP, Murmur) ..... Y / N

Blood Transfusion ..... Y / N

Blood Disorders (Anemia etc.) ..... Y / N

Bruise easily ..... Y / N

Hepatitis / Jaundice / liver problems ..... Y / N

Kidney disorder ..... Y / N

Bone disorder ..... Y / N

Nervous disorder ..... Y / N

Seizures or Epilepsy ..... Y / N

Do you smoke ..... Y / N

Prolonged cough ..... Y / N

Undiagnosed rash ..... Y / N

Hereditary conditions we should be aware of ..... Y / N

Diabetes ..... Y / N

Asthma ..... Y / N

Hay Fever / Sinus problems ..... Y / N

Tuberculosis ..... Y / N

Prolonged bleeding ..... Y / N

Pneumonia ..... Y / N

Problems with immune system ..... Y / N

Tumors or growths ..... Y / N

Sexually transmitted disease ..... Y / N

HIV or AIDS ..... Y / N

Radiation or Chemotherapy ..... Y / N

Experienced frequent diarrhea ..... Y / N

If Yes, Please Describe:

_____

_____

Are you taking any form of medication or non-prescription supplement? ..... Y / N

If Yes, Please List: _____

Do you have any allergies? ..... Y / N

If Yes, Please List: _____

Are you allergic to, or had a reaction to?

Medication ..... Y / N
Latex ..... Y / N
Metal (nickel, etc) ..... Y / N

Women

Are you taking hormonal medication ..... Y / N

Oral Contraceptives ..... Y / N

Are you pregnant? ..... Y / N

Date of delivery? _____

Are there any other conditions concerning your health that we should be aware of ..... Y / N

If Yes, Please Describe: _____

Signature: _____ Date: _____