

PATIENT NAME \_\_\_\_\_

Birth Date \_\_\_\_\_

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? Yes No Physicians Name: \_\_\_\_\_

Have you ever been hospitalized or had a major operation? Yes No If yes, please explain: \_\_\_\_\_

Have you ever had a serious head or neck injury? Yes No If yes, please explain: \_\_\_\_\_

Are you taking any medications, pills, or drugs? Yes No List all medications: \_\_\_\_\_

Do you take, or have you taken, Phen-Fen or Redux? Yes No If yes, please explain: \_\_\_\_\_

Are you on a special diet? Yes No If yes, please explain: \_\_\_\_\_

Do you use tobacco? Yes No If yes, please explain: \_\_\_\_\_

Do you use controlled substances? Yes No If yes, please explain: \_\_\_\_\_

Do you take Aspirin? Yes No If yes, please explain: \_\_\_\_\_

Do you have an Artificial Joint? Yes No If yes, please list date of placement: \_\_\_\_\_

Women: Are you

Pregnant / trying to get pregnant? Yes No Taking oral contraceptives? Yes No

Nursing? Yes No

Are you allergic to any of the following?

Aspirin Penicillin Codeine Acrylic Metal Latex Local Anesthetics

Other If yes, please explain: \_\_\_\_\_

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

Table with 12 columns listing various medical conditions (e.g., AIDS/HIV Positive, Diabetes, Hemophilia) and their status (Yes/No).

Have you ever had any serious illness not listed above? Yes No If yes, please explain: \_\_\_\_\_

Comments:

To the best of my knowledge, the questions on this 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 \_\_\_\_\_ DATE \_\_\_\_\_