



PATIENT NAME: _____

Date of Birth: _____

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.

Primary Physician _____ Clinic _____ Specialty Dr _____

Have you been hospitalized or a major operation? Yes No Explain _____

Have you had a serious head or neck injury? Yes No Explain _____

Have you had Back Surgery/Chronic Back Pain? Yes No Explain _____

Have you taken PHEN-FEN or REDUX? Yes No

Do you smoke or use tobacco products? Yes No History of GERD or ACID REFLUX Yes No

Have you taken FOSOMAX, BONIVA, ACTONEL Or others BISPAPHONATES? Yes No

Are you on a BLOOD THINNER? Yes No Date of recent INR? _____ Number _____

PLEASE List Medications you are currently taking _____

Are you allergic to any of the following?
 Latex Aspirin Tetracycline Penicillin Metals Codeine Dental Anesthetics Erythromycin
 Sulfa Drugs Other _____

Women : Pregnant Trying to get pregnant Nursing Taking Oral Contraceptives

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

Table with 12 columns: CONDITION, Y, N, CONDITION, Y, N, CONDITION, Y, N, CONDITION, Y, N. Rows include conditions like Aids/HIV Positive, Drug Addiction, Hypoglycemia, Sinus Trouble, etc.

Please List any other Conditions or Helpful information such as dates for those listed above that will help us with your care

Signature _____

Date _____