PATIENT MEDICAL HISTORY

Patient's Name:

For Office Use Only
ID:

Address: | Today's Date: | Date of Last Visit: | Date of Med. History:

City State Zip: | Email:

Home Phone: | Work Phone: | Birth Date: | Social Security No.: | Marital Status:

Primary Dental Guarantor: | Home Phone: | Work Phone:

Secondary Dental Guarantor: | Home Phone: | Work Phone:

Physician Name: | Physician Phone:

Pharmacy: | Pharmacy Phone:

For Office Use Only
Medical Alerts:

Sex:

If female please answer the following:

Y	N	
☐	☐	Are you taking Birth Control Pills?
☐	☐	Are you pregnant? If Yes, # of weeks ☐
☐	☐	Are you nursing?

Please answer the following:

Y	N	
☐	☐	Do you smoke or use tobacco?

Height:

For Office Use Only
BP ☐ Heart Rate: ☐

Weight:

Y	N	Conditions
☐	☐	Alcohol Abuse
☐	☐	Anemia
☐	☐	Antibiotic Pre-Med
☐	☐	Artificial Heart Valve
☐	☐	Artificial Joints
☐	☐	Asthma
☐	☐	Bleeding Disorders
☐	☐	Cancer- Chemotherapy
☐	☐	Congenital Heart Defect
☐	☐	Diabetes
☐	☐	Drug Abuse
☐	☐	Epilepsy/Seizures
☐	☐	Glaucoma
☐	☐	HIV+ AIDS
☐	☐	Hay Fever
☐	☐	Heart Disorders/Diseases
☐	☐	Heart Murmur
☐	☐	Heart Surgery
☐	☐	Hepatitis A
☐	☐	Hepatitis B
☐	☐	High Blood Pressure
☐	☐	Kidney Problems

Y	N	Conditions
☐	☐	Liver Disease
☐	☐	Low Blood Pressure
☐	☐	Lung Disorder/Disease
☐	☐	Mitral Valve Prolapse
☐	☐	Pace Maker
☐	☐	Psychiatric Problems
☐	☐	Radiation Therapy
☐	☐	Reaction To Dental Anes
☐	☐	Rheumatic Fever
☐	☐	Sickle Cell Disease
☐	☐	Sinus Problems
☐	☐	Stroke/Heart Attack
☐	☐	TMJ Disorders
☐	☐	Thyroid Problems
☐	☐	Trauma To Head/Neck
☐	☐	Tuberculosis
☐	☐	Venereal Disease
☐	☐	Taking Blood Thinners
☐	☐	
☐	☐	
☐	☐	
☐	☐	

Y	N	Conditions
☐	☐	
☐	☐	
☐	☐	
☐	☐	
☐	☐	
☐	☐	

Y	N	Allergies
☐	☐	Aspirin
☐	☐	Codeine
☐	☐	Dental Anesthetics
☐	☐	Erythromycin
☐	☐	Jewelry
☐	☐	Latex
☐	☐	Metals
☐	☐	Penicillin
☐	☐	Tetracycline

Other

_____

_____

_____

Signature: _____ Date: _____

(If Under 18, Parent or Guardian Signature Required)

Medications:

Y N

☐ ☐ **Is there any disease, condition, or problem that you think this office should know about that is not covered above? If yes, please describe below...**

Notes:

Signature: _____ **Date:** _____

(If Under 18, Parent or Guardian Signature Required)