Dental and Medical History

Reason for today's vis	sit:		
When was your last cleaning?X-Rays?X-Rays?X-Rays?X-Rays?X-Rays			
	ental visit, if not a clea		
How often do you floss? How many times a day do you brush?			
How often do you have your teeth cleaned? 3 months 6 months 12 months			
Have you ever been to	old you have gum dise	ease? Y/N	
•			of treatment
	ut dental treatment?		
-			
If yes would you be in			
Laughing gas (nitrous oxide) or a sedative to completely relax me			
How do you feel about the appearance of your teeth?			
•			
If you could change al	nything, what would y	ou change about your sn	nile?
Do you have any of th	ne following problems	? Please circle	
Tooth sensitivity		Clenching	Swollen Gums
, Headaches		Grinding	Bad Breath
Sleep Apnea		Bleeding Gums	Jaw pain
	alized in the nast 2 ve	ears? Y/N if yes explain:	p
nave you been nospit	unzeu in the pust z ye		
Are you Pregnant? Y/	/N When are you	in: Are you interested due if yes?	
Please circle all allerg	ies: Codeine Aspir	in Penicillin Latex Su	Ilfa Drugs Local Anesthetic
Other Allergies:			
Do you have mitral va	alve prolapse, heart v	alve replacement or arti	ficial joints? Y/N
Have you ever or are	you now taking any E	Bisphosphonates or othe	r medicines for osteoporosis? Y/N
Aids/HIV	Diabetes	Hepatitis A/B/C	Rheumatism
Alzheimer's	Drug Addiction	Herpes	Scarlet Fever
Anemia Angina	Easily Winded Emphysema	High Blood Pressure Hives/Rashes	Shingles Sickle Cell Disease
Arthritis/Gout	Epilepsy/Seizure	Hypoglycemia	Sinus Trouble
Artificial Heart Valve	Excessive Bleeding	Irregular Heartbeat	Sinus Trouble
Artificial Joint	Excessive Thirst	Kidney Stones	Spina Bifida
Asthma Blood Disease	Fainting/dizziness Frequent Cough	Leukemia Liver disease	Stomach/intestinal disease Stroke
Blood Transfusion	Frequent Diarrhea	Low Blood Pressure	Swelling of limbs
Breathing Problems	Frequent headaches	Lung disease	Thyroid disease
Bruising easily	Glaucoma	Mitral valve prolapse	Tonsillitis
Cancer	Hay Fever	Parathyroid disease	Tuberculosis
Chemotherapy	Heart Attack/Failure	Psychiatric Care	Tumors/Growths
Chest Pains Cold Sores	Heart Murmur Heart Pace Maker	Radiation Recent Weight Loss	Ulcers Jaundice
Congenital Heart Disorder	Heart Disease	Renal Dialysis	Jauluice
Cortisone medication	Hemophilia	Rheumatic Fever	
Any Condition not lis	•		
I verify all of the information listed above is true.			
, Patient Signature:			Date:
- U			