

Dental Health History

Patient Name _____ Date _____ Birthdate _____

Past Medical History: (please check all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> AIDS | <input type="checkbox"/> Bleeding disorders | <input type="checkbox"/> Cancer (Type/Location_____) |
| <input type="checkbox"/> Cardiac arrhythmia | <input type="checkbox"/> Cirrhosis | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Heart attack (Date_____) |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Defibrillator | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Organ transplant (Organ_____) |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Congenital heart disease | <input type="checkbox"/> Stent placement (Date_____) |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> HIV | <input type="checkbox"/> Seizures | <input type="checkbox"/> Stroke (Date_____) |
| <input type="checkbox"/> Joint replacement | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Thyroid disease | <input type="checkbox"/> Prosthetic (artificial) heart valve |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Infective endocarditis | <input type="checkbox"/> Head/neck radiation treatment |

General Information

Do you have an Advance Directive? Yes No Don't Know Want Information

Do you have a primary care (medical) provider? Yes No

Have you ever taken bisphosphonate medication? Yes No

Do you use tobacco products? Yes No

Are you pregnant? Yes No

Current Medications/Over-the-Counter/Vitamins/Herbs: (if you don't know the name, please indicate why you take them)

Allergies

Medications _____

Other (food, latex, environmental) _____

Dental Information

Why are you seeing the dentist today?

Do you have dental pain or discomfort? If yes, please indicate location.

Do you wear dentures or partials? Yes No

Do you have any dental implants? Yes No