

# PATIENT MEDICAL HISTORY

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_ Date of Last Exam \_\_\_\_\_

1. Are you under any medical treatment now?..... YES NO
2. Have you had any recent surgeries?..... YES NO
3. Do you use tobacco?..... YES NO
4. Women Only- Are you pregnant or think you may be pregnant?..... YES NO
5. Are you allergic to or have had any reactions to any of the following?
  - a. Local anesthetics (e.g. Novocaine or Codeine)..... YES NO
  - b. Penicillin or other Antibiotics..... YES NO
  - c. Latex rubber..... YES NO
  - d. Other (please list) \_\_\_\_\_..... YES NO
6. Do you have or have you had any of the following?
  - a. High blood pressure..... YES NO
  - b. Heart Attack..... YES NO
  - c. Respiratory disease..... YES NO
  - d. Diabetes..... YES NO
  - e. Rheumatic fever..... YES NO
  - f. Rheumatism or Arthritis?..... YES NO
  - g. Cancer..... YES NO
  - h. Kidney disease..... YES NO
  - i. Cardiac pacemaker..... YES NO
  - j. AIDS OR HIV infection..... YES NO
  - k. Yellow Jaundice or Hepatitis..... YES NO
  - l. Joint replacement..... YES NO
  - m. Allergies or Sinus infections..... YES NO

## PATIENT DENTAL HISTORY

Name of Previous Dentist and Location \_\_\_\_\_

1. Do your gums bleed while brushing or flossing?..... YES NO
  2. Are your teeth sensitive to hot or cold liquids/foods?..... YES NO
  3. Are your teeth sensitive to sweet or sour liquids/foods?..... YES NO
  4. Do you feel pain to any of your teeth?..... YES NO
  5. Do you have any lumps or sores in or near your mouth?..... YES NO
  6. Have your had any head, neck or jaw injuries?..... YES NO
  7. Do you or have you had any of the following appliances?
    - a. Night Guard..... YES NO
    - b. Snoring Appliance..... YES NO
    - c. CPAP..... YES NO
    - d. Retainer..... YES NO
- How often do you wear the appliance \_\_\_\_\_
8. Have you ever had any orthodontic treatment?..... YES NO

## PLEASE LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING:

I Certify that I have read and understand the above information to the best of my knowledge. The above questions have been accurately answered.

Signature \_\_\_\_\_ Date \_\_\_\_\_