Patient Medical History

Please check if you have any of the following allergies:

☐ Acetaminophen (Tylenol) ☐ Ibuprofen (Motrin) ☐ Penicillin/Amoxicillin
☐ Acrylic ☐ Iodine ☐ Sedatives
☐ Aspirin ☐ Latex sensitivity ☐ Sulfa drugs
☐ Codeine ☐ Metals ☐ Valium
☐ Dental anesthetics ☐ Nitrous oxide ☐ Other:_______________

Provide a list the medications you are currently taking:

___________________________ ___________________________ ___________________________
___________________________ ___________________________ ___________________________
___________________________ ___________________________ ___________________________

Please check if you have had or currently have any of the following conditions:

☐ Abnormal Bleeding
☐ Acid Reflux
☐ Alzheimer's
☐ Anemia
☐ Artificial bones/joints
☐ Artificial heart valves
☐ Asthma
☐ Breathing issues
☐ Cancer type:______
☐ Chemotherapy
☐ Cold sores
☐ Dementia
☐ Diabetes type:______
☐ Fainting
☐ Glaucoma
☐ Hearing disorders
☐ Heart murmur
☐ Heart problems
☐ Hepatitis type:______
☐ High blood pressure
☐ High blood sugar
☐ High cholesterol
☐ Drug/alcohol abuse
☐ HIV/AIDS
☐ Immune disorder
☐ Kidney problems
☐ Low cholesterol
☐ Liver problems
☐ Low blood pressure
☐ Low blood sugar
☐ Lung disease
☐ Migraines
☐ Mitral valve prolapse
☐ Neck/head pain
☐ Osteoporosis
☐ Thyroid disease
☐ Radiation
☐ Renal dialysis
☐ Rheumatic fever
☐ Rheumatism
☐ Seasonal allergies
☐ Seizures
☐ Sinus problems
☐ Smoke/chew tobacco
☐ Stroke
☐ Jaw pain
☐ Tuberculosis

Any additional medical conditions not listed? ____

Women, please answer the following:

Are you planning on becoming pregnant? YES ☐ NO ☐ Are you pregnant? YES ☐ NO ☐
Is there a chance you are pregnant? YES ☐ NO ☐ Are you nursing? YES ☐ NO ☐
Are you taking birth control? YES ☐ NO ☐

Please answer the following:

Do you take a Blood Thinner? YES ☐ NO ☐ Do you take a daily aspirin? Dosage:___________
Do you take a PREMEDICATION prior to dental procedures? Why? __________________________
Have you had any recent surgeries or been hospitalized with in the past year? When/Why?
____

Name:__________________________ **Signature:**________________________ **Date:**_______________