PATIENT NAME			- 15			_DATE_				
Primary reason for this de	ntal appointment:	Examination	Emergency		Consultation					
Dental History									Please	e Circle
Do you have a specific de	ntal problem? Describ	е								No
Do you have dental exam	nations on a routine b	asis? Last visit							Yes	No
Do you think you have act	ive decay or gum dise	ase?							Yes	
Do you think you have active decay or gum disease?									Yes	
Do your gums ever bleed?	Piscuss			- 1					Yes	No
Do you like your smile? W	hy?								Yes	No
Does food catch between	your teeth? Any loose	teeth?					-		_ Yes	No
Do you want to keep your	remaining teeth?								_ Yes	No
Do you ever have clicking, popping or discomfort in the jaw joint? Do you brux or grind?									_ Yes	No
Have your past experiences in a dental office always been positive?									_ Yes	No
Do you smoke or chew? Any sores or growths in your mouth? Discuss									_ Yes	No
Name of previous dentist	(optional):									
	lys (16 small films or p	anoramic):	,							
Medical History										
Are you under a physician	's care now? Why?			Who?		Pho	ne		Yes	No
Have you ever been hospi	talized or had a major	operation? Discuss _							Yes	
Have you ever had a serio	ous injury to your head	or neck? Discuss							Yes	No
Are you taking any medica	ations, aspirin, vitamins	s, herbals, pills or drug	gs? What?						Yes	No
Are you on a special diet?	Discuss								Voc	No
Are you allergic to any me	dications or substance	s? Please check box	below						Yes	No
Are you allergic to any me	Codeine Acryl	ic Metal Late	ex Rubber	Milk	Other				_	
Women (Please check):	Pregnant/trying to	get pregnant 🗀 Nur	sing Taki	ng ora	I contraceptives	Discuss _			Yes	No
Do you now have or have *If yes to any of the starre	ed conditions, please c	all prior to your appoin	ntment prem	edicat						
Heart Disease/Surgery* Ye	s No Excessive Bleeding	Yes No	therapy orosis ophonates	Yes			Yes No			es No
Heart Murmur or Defect *	□ Sickle Cell Disease	Chemot	nerapy		☐ Night Sweats			Cold Sores Fever Blisters		
Irregular Heart Beat	☐ Hemophilia	☐ ☐ Bisphos	sphonates		☐ Yellow Jaundice ☐ Kidney Problem	ns		Hornos	Г	5 5
Angina/Chest Pain Heart Attack/Failure		a H Osteone	ecrosis of Jaw		Renal Dialysis			Stroke Convulsions	į	
Congenital Heart Disorder* □	☐ Recent Blood Trans	fusion D D	.V. Reclast I.V.		☐ Thyroid Diseas☐ Parathyroid Dis			Convulsions Epilepsy or Seizures	r	
Mitral Valve Prolapse *	☐ Swelling of Limbs	□ □ Fosama	x. Actonel. Boni	va 🗆	Parathyroid Dis Arthritis/Gout Rheumatism	ease		Fainting or Dizziness		5 5
Scarlet Fever		Stomaci	h/Intestinal Dise	ase 🗆	Rheumatism			Glaucoma		
Artificial Heart Valve *	☐ Shortness of Breat	h 🗆 🗆 Olcers	NA/-1-6-4 1		Pain in Jaw Joi	nts		Tumors or Growths		
	☐ Frequent Cough	n n Hecent	Weight Loss		☐ Cortisone Medi	cine		Nervousness Psychiatric Care Alzheimer's Disease	i	
Pulmonary Shunt*		☐ ☐ Frequer	nt Diarrhea s		Sexually Transmi	ted Disease	<u> </u>	Alzheimer's Disease	ī	
Low Blood Pressure	☐ Asthma	Diabete	s ve Thirst rcemia		☐ AIDS			Allergies (Medicines)		
Bacterial Endocarditis*	Bloody Sputum	☐ ☐ Hypogly	rcemia		☐ HIV Positive☐ Genital Herpes			Allergies (Pollen / Du Hives or Rash		
Bruise Easily/Blood Disease	Emphysema	☐ ☐ Hepatitis	s A (Infectious)					Need Premedication		
Anemia \Box	Cancer X-Ray Treatments (F	☐ ☐ Hepatiti	s B or C		☐ Tattoos/Body P	ercing		Ever taken fen-phen?		
Coronary Stent*	X-Ray Treatments (F	Radiation) ☐ ☐ Proteas	e Inhibitor		☐ Sleep Apnea			Cochlear implants?		
Have you ever had any ot	her serious illness no	checked above? Dis	cuss						Yes	No
Do you wish to talk to the	dentist privately about	t any problem?							Yes	No
To the best of my knowledge, all th	e preceding answers are corre	ct. If I have any changes in	my health status o	r if my n	nedicines change, I sha	I inform the d	entist an	d staff at the next appoint	ment with	nout fail.
X						Date				
PATIENT SIGNATURE (PAR						Date				
Reviewed By Doctor					Date	DD.		Pulse	THE REAL PROPERTY.	
				CHIEF SCHOOL	The second secon	DESCRIPTION OF THE PERSON		Pulse _		_
History Review and Sign	ficant Findings									
Medical Updates				MATERIAL STATE						
I have read my MEDICAL	HISTORY dated		and	confir	m that it adequate	ly states p	ast an	d present conditions	S.	
DATE EXCEPTIONS				ı	PATIENT'S SIGNATURE	BP BP	P	PULSE REVIEWED	BY	
			None					Dr		
			None					Dr		
			None					Dr		
			None					Dr		
			None					Dr		
			None			The state of the s			San Carlo	