Name: _____ Date of Birth (mm/dd/yy): ____/_____/_____

PATIENT MEDICAL HISTORY

Please fill in blanks, select checkboxes with ☑ or ☒ on both sides of the paper, Thanks! __

Please rate your health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor
Date of last physical exam (mm/yy): _____/_____
Your Physician's full name, city, state:

Are you allergic to?

Latex Gloves	(☐Yes/☐No)	Penicillin / Amoxicillin	(☐Yes/☐No)
Codeine	(☐Yes/☐No)	Local Anesthetics / Epinephrine	(☐Yes/☐No)
Other (s) : _____		Ibuprofen/ NSAIDs	(☐Yes/☐No)

Are you having any medicines/ medical conditions?

Tuberculosis / Lung disease	(☐Yes/☐No)	Liver disease	(☐Yes/☐No)
Heart disease	(☐Yes/☐No)	Kidney disease	(☐Yes/☐No)
Stomach disease	(☐Yes/☐No)	Eye disease	(☐Yes/☐No)
Seizures	(☐Yes/☐No)	Diabetes	(☐Yes/☐No)
High blood pressure	(☐Yes/☐No)	Osteoporosis	(☐Yes/☐No)
Chronic pain	(☐Yes/☐No)	Cancer	(☐Yes/☐No)
Psychiatric Care	(☐Yes/☐No)	Others: _____	
Cortisone (steroids)	(☐Yes/☐No)	Antibiotics	(☐Yes/☐No)
Anticoagulants (blood thinners)	(☐Yes/☐No)	Aspirin	(☐Yes/☐No)

Name of the medicine: 1._____ 2. _____ 3. _____

Have you ever had Pre-medication (take antibiotics 1 hour) before dental treatment?

☐ No ☐ Yes, reason: _____

Do you have:

Pacemaker	(☐Yes/☐No)	Artificial heart valves	(☐Yes/☐No)
Implants	(☐Yes/☐No)	Organ transplant	(☐Yes/☐No)
Bone plates	(☐Yes/☐No)	Prosthetic hip/joint	(☐Yes/☐No)

How do you react to Local Anesthetics (Novocaine, Lidocaine, etc.)?

OK	(☐Yes/☐No)	Hard to get numb	(☐Yes/☐No)
Don't know	(☐Yes/☐No)	Dizzy, shaking, fast heart beat	(☐Yes/☐No)

Have you had any abnormal bleeding after dental surgery? ☐ Yes ☐ No

Have you had injury to face, jaws or neck? ☐ Yes ☐ No

Females, are you pregnant/nursing? ☐ Yes ☐ No

I have read and answered the above questions to the best of my knowledge. I will notify the office of any changes in a timely manner.

Patient's Signature: _____ **Date**: ____/____/ 2014

Legal Guardian's Signature: _____ **Relation: _____/_____**

(**Office use only**: Checked by: _____ Date: ___/____/2014 Entered by: _____ Date: ___/____/ 2014)