

# Dental History

Why have you come to the dentist today?

Have you ever had a serious or difficult problem associated with any previous dental care? \_\_\_\_\_  
Explain \_\_\_\_\_

Have you ever experienced pain in your jaw joint \_\_\_\_\_

Is there anything you would like done to your teeth? \_\_\_\_\_

When was the last time you saw a dentist \_\_\_\_\_

If we need previous dental records, who should we contact? \_\_\_\_\_

# Medical History

**Please Check any present or past conditions**

Heart Attack	Artificial Heart Valve	Abnormal Bleeding	Stroke
HIV / AIDS	Hepatitis	Mitral Valve Prolapse	Heart Murmur
Kidney Problems	Liver Problems	Drug / Alcohol Abuse	Seizures
Diabetes	Blood Pressure	Cancer	Tuberculosis
Rheumatic Fever	Artificial Joints	Asthma	Fainting

**FOR WOMEN:** Are you taking birth control pills \_\_\_\_\_ Pregnant? \_\_\_\_\_ Nursing? \_\_\_\_\_

**IN CASE OF EMERGENCY,** who should we contact?

Name \_\_\_\_\_ Tel# \_\_\_\_\_

Physician's

Name \_\_\_\_\_ Tel# \_\_\_\_\_

Are you being treated for anything now? \_\_\_\_\_

Explain \_\_\_\_\_

# Medication

**Are you allergic to any drugs? \_\_\_\_\_ Please list**

Have you ever had a reaction to anything in a dental office?

Explain \_\_\_\_\_

Are you taking blood thinners? \_\_\_\_\_ Please list

Are you taking Bisphosphonate medicines for building bones (such as Fosomax, Actonel, Boniva, Aredia, or Zometa)? \_\_\_\_\_

List \_\_\_\_\_

Are you taking any medication at this time?

Please list