

PATIENT'S NAME _____ TODAY'S DATE ____/____/____
Last Name – (Please print) First Name Middle Initial

PHYSICIAN'S NAME _____ PHYSICIAN'S PHONE _____

PHARMACY _____ PHARMACY'S PHONE _____

ANY CURRENT TEETH OR GUM CONCERNS AT THIS TIME? _____
(Many diseases present as symptoms in the mouth.)

Please circle any conditions that apply:

Abnormal bleeding /Blood clot	Bisphosphonate therapy	HIV+ AIDS	Multiple myeloma
Acid reflux /GERD /Heartburn	Confusion/Dementia	Hemophilia	Osteoporosis
Antibiotic premedication for dental	Depression	Hepatitis A / B / C	Chemo/Radiation therapy
Arthritis	Diabetes	Herpes	Shingles
Asthma/Difficulty breathing	Emphysema/COPD	High blood pressure	Sickle cell disease
Autoimmune disease:	Epilepsy/Seizures	Human papillomavirus (HPV)	Sinus problems
_____	Frequent headaches	Joint replacement	Sleep or breathing disorder
_____	Glaucoma	Kidney problems	Stroke
_____	Growth/Tumors in any part of your body _____	Liver disease/NASH	Surgery with Hospitalization
		Mental health concerns	Thyroid problems

Do you have allergies or hay fever? Please list allergies: _____

Any recreational alcohol, drug, or tobacco use? _____

Is there any chance that you may become pregnant (Y/N), are pregnant (if yes, # of weeks ____), or are nursing (Y/N)? Are you taking birth control pills (Y/N)?

Please circle any current or past heart-related conditions:

Angina pectoris	CHF (congestive heart failure)	Heart attack	Heart surgery	Pacemaker
Artificial heart valve	Congenital heart defect	Heart murmur	Mitral valve prolapse	Rheumatic fever

Have you ever been told you need to take an antibiotic before a dental procedure? _____

Is there any disease, condition, problem or surgery that you think this office should know about that is not covered above? If yes, please describe:

List of current medications and dosage (including supplements):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: (If under 18, parent or guardian signature required) _____ **Date:** _____