

Dental-Medical History

Name: _____ Date: _____

Purpose of your visit to our dental office: _____

- | | No | Yes |
|--|-----|-----|
| Has it been more than 6 months since your last visit to a dentist?..... | ___ | ___ |
| Have 2 years passed since you have had all of your teeth x-rayed?..... | ___ | ___ |
| Has it been more than six months since your teeth were cleaned and examined?..... | ___ | ___ |
| Is it difficult for you to find time to brush and use dental floss every day?..... | ___ | ___ |
| Do your gums bleed when you brush your teeth?..... | ___ | ___ |
| Have you ever been instructed in the prevention of decay or gum disease?..... | ___ | ___ |
| (child patient) Has your child had any unfavorable dental experience?..... | ___ | ___ |
| Have you ever felt dizzy or nauseated at the dental office?..... | ___ | ___ |
| Are you sensitive or allergic to local anesthetic, like Novocaine?..... | ___ | ___ |
| Have you ever been put to sleep to have teeth extracted?..... | ___ | ___ |
| Have you ever had any complications after a tooth extraction?..... | ___ | ___ |
| Has it been more than a year since your last medical examination?..... | ___ | ___ |
| Have you been ill recently?..... | ___ | ___ |
| Are you under the care of a physician now?..... | ___ | ___ |
| Are you taking any medication(s)?..... | ___ | ___ |
| Do you have abnormal bleeding from a cut?..... | ___ | ___ |
| (woman patient) Are you pregnant?..... | ___ | ___ |

Do you have, or have you ever had: (circle) abnormal heart condition, high blood pressure, stroke, hepatitis, jaundice, anemia, rheumatic fever, diabetes, tuberculosis, asthma, liver problems, kidney problems, venereal disease, ear trouble, eye trouble, arthritis, stomach disorders, sinus congestion, radiation treatment, Vincent's (trench mouth), convulsions, **allergies to:** aspirin, penicillin, any drug or food.

Is there any past or present medical history that you think is important for your family dentist to know?

Signature of patient or parent for dental treatment of a minor: _____

