PATIENT NAME						D,	ATE				
Primary reason for this d	ental appointment:	Examina	tion 🗆 Eme	ergency		Consultation					
Dental History	1									Please	Circle
Do you have a specific d	ı ental problem? Desc	cribe								Yes	No
Do you have dental exam	ninations on a routin	e basis? Last	visit							Yes	No
Do you think you have a	tive decay or gum d	isease?								Yes	No
Do you brush and floss of	on a routine basis? D	Discuss								Yes	No
Do your gums ever bleed											No
Do you like your smile? \	Why?									Yes	No
Does food catch between											No
Do you want to keep you	r remaining teetn? _	ofact in the law	isint? Do you		42					Yes Yes	No No
Do you ever have clicking, popping or discomfort in the jaw joint? Do you brux or grind?											No
Do you smoke or chew?											
Name of previous dentis											
Date of last full mouth x-	rays (16 small films	or panoramic):	:								
Medical History	i										
Are you under a physicia											No
Have you ever been hos	pitalized or had a ma	ajor operation?	? Discuss							Yes	No
Have you ever had a ser											
Are you taking any medi-											
Are you on a special diel										Yes	No
Are you allergic to any management Aspirin Penicillin	edications or substa	inces? Please	check box bei	ow	1 4211.		-			Yes	No
											No
Women (Please check):										tes	MO
Do you now have or hav											
*If yes to any of the star	red conditions, pleas	se call prior to	your appointm	ent prem	edicat	ion or changes in me	dication n	nay be re	quired.		
Hand Diagon Dumand	Yes No Excessive Blee		No.		Yes	No ☐ Night Sweats	Yes	No ☐ Col	d Sares	Y(os No
Heart Disease/Surgery* Heart Murmur or Defect *	Excessive Blee Sickle Cell Disc		☐ Chemother	apy Is	ä	Yellow Jaundice		☐ Fev	er Blisters	ī	
Irregular Heart Beat	☐ ☐ Hemophilia		Bisphospho	apy Is nates	□	C Kidney Broblems		☐ Her	pes	֝֟֞֟֝֟֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓	
Angina/Chest Pain Heart Attack/Failure	☐ Methemoglobir☐ ☐ Leukemia	nemia U	Osteonecro	sis of Jaw	2	Renal Dialysis Thyroid Disease		☐ Stro	oke Ivulsions		5 6
Congenital Heart Disorder*	☐ ☐ Recent Blood 7	Transfersion	The contract of the contract o			Parathyroid Disease		☐ Epi	epsy or Seizures	Č	3 0
Mitral Valve Prolapse * Scarlet Fever	Swelling of Lim	nbs 🗆	☐ Fosamax. A	ctonel, Boni	αŪ	☐ Arthritis/Gout			nting or Dizziness	ָרָ ר	
Rheumatic Fever *	☐ ☐ Breathing Prob	olem 🔲	Stomach/in	testinal Disea	ise 🗆	☐ Rheumatism ☐ Pain in Jaw Joints			ucoma nors or Growths		5 6
Artificial Heart Valve *	☐ ☐ Shortness of B	reath 📙	Recent Wei	ght Loss		Cortisone Medicine	. 6	☐ Ner	vousness		
Heart Pace Maker* Pulmonary Shunt*	Frequent Coug	jh 🖂	Frequent D	arrhea		Artificial Joint *			chiatric Care heimer's Disease		
High Blood Pressure	Hay Fever Sinus Trouble Asthma	_	Diabetes Excessive 1	Thins:		Sexually Transmitted AIDS	Disease L		neimers Disease irgies (Medicines)		5 6
Low Blood Pressure Bacterial Endocarditis*	Asthma Bloody Sputun	. 8	☐ Excessive 1			☐ HIV Positive	ŏ	☐ Alte	rgies (Pollen / Du	st) C] [
Unexplained Fever	□ LJ Emphysema		☐ Liver Disea:	S 0		☐ Genital Herpes	📮	Hiv	es or Rash	, [
Bruise Easily/Blood Disease	☐ ☐ Tuberculosis		☐ Hepatitis A☐ Hepatitis B	(infectious)		☐ Drug Addiction/Alco ☐ Tattoos/Body Pierci	ina 🗆	☐ Eve	or taken fen-phen?	; •• [ם כ
Anemia Coronary Stent*	Cancer X-Ray Treatme	⊔ nts (Radiation)	☐ Protease In	hibitar	ä	☐ Sleep Apnea	'' '		chiear implants?		5 C
Have you ever had any	-								•	Yes	No
Do you wish to talk to th	e dentist nrivetely e	hout any prob	hlem?							Yes	No
To the best of my knowledge, all	the preceding answers are	correct. If I have	any changes in my	health status o	r if my r	medicines change, I shall infe	orm the dent	st and stat	at the next appoints	nont with	iout fai
XPATIENT SIGNATURE (PA	DENIT OR GUADDIANI					Da	ate				—
•	· ·					_Date	RP.		Pulse		
Reviewed By Doctor _											
History Review and Sig	inificant Findings	H-11-21-									—
	<u> </u>	MARK TOWNS							·····		
Medical Updates						that it adamints.			anant aanditian		
I have read my MEDICA				and	conti						
DATE EXCEPTIONS				61.	-	PATIENT'S SIGNATURE	BP	PULSE			
*											
				None	Ш			_	Dr		