

DENTAL DEPARTMENT ADULT MEDICAL HISTORY

PATIENT'S NAME _____ DOB: _____
 PREFERRED NAME: _____ PREFERRED PRONOUNS _____

1. Name of medical provider: _____ Phone # of provider _____
2. Please list all medicine/drugs/supplements _____
3. Have you ever taken a pre-medication prior to dental treatment?.....YES NO
 IF YES, WHICH ONE? _____
4. Have you ever taken bisphosphonate medications (i.e. Fosamax, Aredia, Zometa)? YES NO
5. Please list any ALLERGIES (medication, latex, food, seasonal, etc.) _____
6. Have you been hospitalized or had surgery?.....YES NO
7. Are you currently taking blood thinners or have ever had excessive bleeding?.....YES NO

CIRCLE ANY OF THE FOLLOWING WHICH YOU HAD PAST OR PRESENT

Heart Condition	Heart Attack DATE:	Stroke DATE:	Artificial Joint DATE:
Endocarditis	Asthma	HIV/AIDS	Jaw Fracture
Artificial Heart Valve	Emphysema/COPD	STDs	Jaw Pain/TMJ
Pacemaker/Defibrillator	Tuberculosis (TB)	Herpes/Cold Sores	Cortisone Meds/Steroids
Heart Murmur	Shortness of Breath	Hepatitis A, B, or C	Epilepsy or Seizures
Hemophilia	Sleep Apnea	Liver Disease	Developmental Disability
Angina Pectoris	Diabetes A1C: _____	Kidney Trouble	Cerebral Palsy
High Blood Pressure	Glaucoma	Stomach Ulcer	Drug Addiction
Rheumatic Fever	Thyroid Disease	GERD	PTSD
Anemia	Cancer or Tumor	Arthritis	Alzheimer's/Dementia
Hearing Loss	Chemotherapy/Radiation	Rheumatism	Anxiety/Depression
Vision Impairment	Organ Transplant	Fibromyalgia	Fainting or Dizzy Spells

8. Please list any other disease/condition _____
9. Do you currently use recreational drugs?..... YES NO
10. Do you currently use nicotine/tobacco products (including vaping)?..... YES NO
11. Women: Are you pregnant now? YES NO IF YES, DUE DATE: _____
 Are you practicing birth control? YES NO

To the best of my knowledge, all of the preceding answers are true and correct. If I ever have any change in my health, or if my medication changes, I will inform the dentist at the next appointment without fail.

SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY:	BP	PULSE	LAST VISIT
CC:			