Unity Care NW

DENTAL DEPARTMENT ADULT MEDICAL HISTORY

1. Name of physician: _____ Phone # _____
2. Please list any medicine/drugs taken in the past two years?_____
   _____
   _____
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 in the past years?…… 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:	**OTHER**
Endocarditis	Asthma	HIV/AIDS	Arthritis
Artificial Heart Valve	Emphysema/COPD	STDs	Rheumatism
Pacemaker/Defibrillator	Tuberculosis (TB)	Herpes/Cold Sores	Artificial Joint
Heart Murmur	Shortness of Breath	Hepatitis A, B, or C	Cortisone Medication
Hemophilia	Diabetes	Liver Disease	Epilepsy or Seizures
Angina Pectoris	Glaucoma	Kidney Trouble	Developmental Disability
High Blood Pressure	Thyroid Disease	Stomach Ulcer	Cerebral Palsy
Rheumatic Fever	Cancer or Tumor	GERD	Drug Addiction
Anemia	Chemotherapy/Radiation	Excessive Weight Loss	Psychiatric Treatment
Hearing Loss	Alzheimer's/Dementia	Excessive Weight Gain	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
    Do you anticipate becoming pregnant?…….. 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 medicine changes, I will inform the dentist at the next appointment without fail.

SIGNATURE:_____ DATE:_____

PRINT NAME:_____ DATE OF BIRTH_____

OFFICE USE ONLY: **BP** **PULSE** **LAST VISIT**

CC: