Patient Information

Please answer all of the questions YES or NO and provide answers where applicable:

Physician Name _____ Phone _____

YES NO

1. Do you consider yourself to be in good health? ☐ ☐
2. Are you now or have you been under a physician's care within the past year? ☐ ☐
   If yes, specify condition being treated _____
3. Do you take medications, including birth control pills? ☐ ☐
   Please specify name and purpose of medications: _____
   _____
4. Do you have or have you ever had any heart or blood problems? ☐ ☐
5. Have you ever been told you have a heart murmur? ☐ ☐
6. Do you require antibiotic pre-medication for a heart condition, artificial valve or joint? ☐ ☐
7. Do you have or have you ever had high blood pressure? ☐ ☐
8. Do you bruise or bleed easily? ☐ ☐
9. Have you ever been diagnosed as being HIV positive or having AIDS? ☐ ☐
10. Have you ever had hepatitis or liver disease? ☐ ☐
11. Have you ever had?

Y / N		Y / N		Y / N		Y / N	
☐ ☐	Rheumatic fever	☐ ☐	asthma	☐ ☐	blood disorders	☐ ☐	diabetes
☐ ☐	Arthritis tuberculosis	☐ ☐	venereal disease	☐ ☐	heart attack	☐ ☐	kidney disease

   If yes please specify: _____

12. Have you ever had an unusual reaction or are allergic to any of the following drugs:

Y / N		Y / N		Y / N		Y / N	
☐ ☐	Penicillin	☐ ☐	Aspirin	☐ ☐	Acetaminophen	☐ ☐	Ibuprofen
☐ ☐	Codeine	☐ ☐	Barbiturates	☐ ☐	Sulfa Drugs	☐ ☐	Other _____

13. Are you subject to fainting? ☐ ☐
14. Are you allergic to Latex? ☐ ☐
15. Are you allergic to any local anesthetic? ☐ ☐
16. Do you have any other allergies? If yes, please describe: _____ ☐ ☐
17. Have you ever had a nervous breakdown? ☐ ☐
18. Have you ever received counseling for use of alcohol or prescription drugs? ☐ ☐
19. **Women**: Are you pregnant? If yes, how far along: _____ ☐ ☐
20. Are you now in pain? ☐ ☐
21. How long ago did you last see a dentist? _____
22. Do you think that your teeth are affecting your general health in any way? ☐ ☐
23. Do you have or have you ever had bleeding or sensitive gums? ☐ ☐
24. Have you ever taken Phen-Fen or similar appetite suppressants? ☐ ☐
25. Have you ever used or are you now using tobacco or alcohol? ☐ ☐
26. Have you ever taken Fosamax, Actonel, Boniva, or any other drug prescribed to decrease the resorption of bone as in osteoporosis or any drugs for metastatic bone cancer? ☐ ☐

I HEREBY CERTIFY THAT THE ANSWERS TO THE FOREGOING QUESTIONS ARE ACCURATE TO THE BEST OF MY ABILITY. SINCE A CHANGE IN MY MEDICAL CONDITION OR IN MEDICATIONS I TAKE CAN AFFECT DENTAL TREATMENT, I UNDERSTAND THE IMPORTANCE OF AND AGREE TO TAKE THE RESPONSIBILITY TO NOTIFY THE DENTIST OF ANY CHANGES AT ANY SUBSEQUENT APPOINTMENT.

_____ _____

Signature of patient or guardian Date