

Medical History

Patient Name _____ Date _____

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

Who may we contact in case of emergency? _____

Phone # of contact _____

Name of Physician: _____

Medications:

Women: Are you: pregnant? trying to get pregnant? nursing? taking oral contraceptives?

Are you allergic to any of the following:

Aspirin Penicillin Codeine Latex
Metal Acrylic Other _____

Do you regularly take:

Plavix Aspirin Blood thinners

Do you have, or have had any of the following:

Artificial heart valve	Artificial Joint	Diabetes
Heart Murmur	High blood pressure	Hepatitis
Irregular heart beat	Mitral valve prolapse	
Epilepsy or seizures	Other _____	

Have you ever had:

Wisdom tooth removal _____	Orthodontics _____
Root canal treatment _____	Crown and bridge _____
Gum Disease _____	