PLEASE ANSWER EACH QUESTION

	NO	YES
Poor health	☐	☐
Recent illness	☐	☐
Recent cough or cold	☐	☐
Shortness of Breath	☐	☐
Nose obstruction	☐	☐
Lung disease	☐	☐
Tuberculosis	☐	☐
Tobacco User	☐	☐
Asthma	☐	☐
Bronchitis	☐	☐
Heart or chest pain	☐	☐
Heart trouble	☐	☐
High Blood Pressure	☐	☐
Kidney disease	☐	☐
Liver disease	☐	☐
Hepatitis	☐	☐
Frequent swollen ankles	☐	☐
Facial x-ray treatment	☐	☐
Cortisone or ACTH	☐	☐
Bleeding tendency	☐	☐
Herpes	☐	☐
History of Chicken Pox	☐	☐
Intestinal difficulties	☐	☐
Crohn's Disease	☐	☐
Ulcerative Colitis	☐	☐
Immunologic Conditions	☐	☐

	NO	YES
Sjorgen's Syndrome	☐	☐
Lupus	☐	☐
Lichen Planus	☐	☐
Thyroid Condition	☐	☐
Psychiatric Conditions	☐	☐
Pregnancy	☐	☐
Sexually Trasmitted Disease	☐	☐
HPV (Human Papilloma Virus)	☐	☐
Diabetes	☐	☐
Rheumatic fever/Scarlet fever	☐	☐
History of measles/mumps	☐	☐
Vaccinations/Immunizations	☐	☐
Convulsions	☐	☐
Stroke	☐	☐
Transient Ischemic Attack	☐	☐
Seizures	☐	☐
HIV Positive	☐	☐
AIDS	☐	☐
Anemia	☐	☐
Cancer	☐	☐
Cancerous Lesions	☐	☐
Headaches	☐	☐
Trigeminal Neuralgia	☐	☐
Bells Palsy	☐	☐
Facial Pain	☐	☐
TMJ/Jaw Discomfort	☐	☐

Allergy to:

	NO	YES
Latex	☐	☐
Penicillin	☐	☐
Amoxicillin	☐	☐
Sulfa	☐	☐
Other Antibiotics	☐	☐
Local Anesthetic	☐	☐
Codeine	☐	☐
Aspirin	☐	☐
Barbiturates(sleeping pills)	☐	☐
Other drugs	☐	☐

Previous surgeries/procedures: _____

Have you been put to sleep for an operation? _____

Please List Current Medications:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Additional medical problems? _____

Are you under the care of a physician? If yes, who? Why? _____

Have you been hospitalized in the last 5 years? _____

Have you traveled out of the country? If yes, when and where? _____

Do you take any pre-medications/antibiotics prior to a dental appointment? _____

Do you have a current dental problem? _____

Previous periodontal treatment? _____

Have you ever responded unfavorable to medical or dental care? _____

Referred by: _____

Date: _____ Signature: _____ Title or Relationship: _____