Date_____

Name_____ Date of Birth_____

PATIENT MEDICAL HISTORY

1. Are you under medical treatment now? …… Yes No
2. Have you had any major operations? ..... Y N
   If so, what? _____
3. Have you had any adverse response to any drugs including penicillin and "Novocain" Y N
4. Circle any of the following that you have:

heart trouble	arthritis	asthma
congenital heart defects	diabetes	stroke
heart murmur	tuberculosis	epilepsy
high blood pressure	joint replacement	psychiatric therapy
anemia	hepatitis	sinus trouble
bleeding disorder	HIV positive	canker or cold sores
rheumatic fever	jaundice	tumors or growths

5. Are you taking any drugs or medications? ..…….... Y N
   If so,what? _____
   _____
6. Are you <u>allergic</u> to any known materials? ..... Y N
   If so, what? _____
7. Are you in general good health at this time? ..... Y N
8. Are you pregnant? ..... Y N
9. Do you have a history of fainting? ..... Y N
10. Have you ever had radiation treatment? ..... Y N
11. Do you use any alcoholic products on a regular basis? ..... Y N
12. Do you use any tobacco or smokeless tobacco products? ..... Y N

PATIENT DENTAL HISTORY

1. Are you having any discomfort at this time? ..... Y N
   If so,what? _____
   _____
2. Have you had serious trouble with dental treatment in the past? ..... Y N
3. Does dental treatment make you nervous ?.....
4. Date of your last dental visit_____
5. How often do you brush?_____ and floss?_____
6. Have you ever been treated for periodontal disease? ..... Y N
7. Do you have any of the following:

bleeding and sore gums	loose teeth	orthodontics
unpleasant taste/bad breath	sensitive teeth to hot	swelling or lumps in mouth
burning tongue or lips	sensitive teeth to cold	clinching or grinding
clicking or popping jaw	sensitive teeth to sweets	difficult extractions
frequent blisters in mouth	sensitive to biting	prolonged bleeding
dental implant		

8. Are you satisfied with the appearance of your teeth? ..... Y N
9. If you could change the appearance of your teeth, what would you do? (Change color, shape, length or spacing, explain)_____
   _____