

MEDICAL AND DENTAL HISTORY

Physician: _____ Telephone: _____ Last Visit: _____

This information is CONFIDENTIAL and will not be released without your permission.

Do you have or have you ever had any of the following conditions?

Yes No

- High blood pressure = _____ / _____
- Heart murmur (rheumatic fever/MVP)
- Artificial heart valve
- Pacemaker
- Stroke
- Asthma/bronchitis/emphysema
- Sinusitis
- Ear problems
- Cold sores/canker sores/herpes
- Jaundice/liver problems
- Thyroid problems
- Diabetes

Yes No

- Epilepsy
- Kidney infection/disease
- Anemia
- Bleeding problems/bruise easily
- Stomach ulcers/gastritis
- Cancer: (chemotherapy/radiation)
- Eye problems/contact lens/Glaucoma
- Chewing/bite problems
- Headaches/jaw problems
- Gum problems
- Oral habits: _____
- Hospitalized/had major surgery _____

Have you ever tested positive for:

Yes No

- Venereal disease
- Hepatitis (A or B)
- Tuberculosis (TB)
- Human Immune Deficiency Virus (HIV)
- Have you ever had a blood product transfusion?
- Do you have any implants or artificial prosthesis/joints?

Yes No

- Are you currently or have you ever been under psychiatric care/counseling?
- Are you currently pregnant or breast feeding?
- Do you smoke/chew tobacco?
- Recent weight change greater than 10 pounds?
- Have you ever failed to undergo recommended dental treatment?
- Tonsils/adenoids removed?

ALLERGIES: Do any of these cause illness, rash, stomach upset?

Yes No

- Local anesthetic
- Antibiotics
- Aspirin

Yes No

- Adhesive tape
- Iodine
- Cortisone/steroid

Yes No

- Narcotics
- Codeine
- Sedatives

Yes No

- Sleeping pill
- Other: _____

MEDICATIONS that you are currently taking or have been prescribed for you:

Yes No

- Antibiotics
- Blood pressure pills
- Aspirin/Arthritis pill
- Insulin/Diabetes pill

Yes No

- Blood thinner/anti-coag.
- Birth control/hormone
- Thyroid pills
- Cortisone/steroid

Yes No

- Antihis./Decongest/
- Sedative/Tranquilizers
- Heart pills
- Narcotics/Pain pills

Yes No

- Other: _____

Reason for this dental visit: _____

Last dental visit? _____ What was done? _____

WARNING: For patients taking birth control pills, Some antibiotic medications reduce the effectiveness of birth control pills, so an alternate method of birth control should be utilized while taking antibiotics for infection.

I hereby authorize Dr. Chang and staff to perform an examination, take radiographs, oral impressions, and photographs, and to communicate and disclose the above information with the above physician as it relates to my health care. The above information is complete and true to the best of my knowledge.

Signature of patient or guardian

Date Interviewer