## **Patient Dental and Medical History**

Answers to the following questions will be considered confidential.					
Previous Dentist		Date of	last visit		
		n file that could be impor			
Are you having pain or	and the second of the second o	The state of the s		Yes	No
Do you have Trouble o				Yes	No
Has anyone ever said y		ur teeth?		Yes	No
Can we help you with Orthodontic treatment?  Have you ever been diagnosed with Gum Disease or Periodontal Disease?				Yes	No No
				Yes	
Can we help you with	- <del>-</del>			Yes	No
		nd smile?			
s there anything that	we can do to make yo	u more comfortable here	e?		
Medical Doctor		Date of I	ast visit		
Have you been under	the care of a medical o	loctor during the past tw	A STATE OF THE STA	Yes	No
Have you been under t <b>Are you or have you t</b> a	the care of a medical on the care of a medical of the care of a medical of the care of the		dications?	Yes	No
Have you been under t Are you or have you to Please list any medica	the care of a medical caken any bone enhand tions you are taking a	loctor during the past tw cing or bone density me	dications?	Yes	No
Have you been under the Are you or have you to Please list any medica	the care of a medical caken any bone enhance tions you are taking a	loctor during the past two cing or bone density ments this time	dications?	Yes	No
Have you been under to Are you or have you to Please list any medicate Please list any medicate Please list any medicate Are you Allergic to late	the care of a medical caken any bone enhance tions you are taking a tions you are Allergic ex?	loctor during the past two	dications?	Yes	No
Have you been under to Are you or have you to Please list any medical Please list any medical Are you Allergic to late Have you ever had any	the care of a medical caken any bone enhance tions you are taking a tions you are Allergic ex?	toctor during the past two density ments this time to density ments the density ments the density ments the density ments the density ments to density ments to density ments to density ments the density ments are density d	dications?	Yes	No
Have you been under to Are you or have you to Please list any medical Please list any medical Are you Allergic to late Have you ever had any Do you have or ever had	the care of a medical caken any bone enhance tions you are taking a tions you are Allergic ex?	toctor during the past two density ments this time to density ments the density ments the density ments the density ments the density ments to density ments to density ments to density ments the density ments are density d	dications?	Yes Yes Yes	No
Have you been under to Are you or have you to Please list any medical Please list any medical Are you Allergic to late Have you ever had any Do you have or ever had Heart Disease	the care of a medical caken any bone enhance tions you are taking a tions you are Allergic ex?  The excessive bleeding the ad any of the following Cancer	doctor during the past two density ments this time to density ments to density ments special treatings:	dications?	Yes Yes Yes	No
Have you been under to Are you or have you to Please list any medical Please list any medical Are you Allergic to late Have you ever had any Do you have or ever he Heart Disease Heart Murmur	the care of a medical caken any bone enhance tions you are taking a tions you are Allergic ex?  The excessive bleeding the ad any of the following Cancer	to  to  at requires special treating:  Rheumatic Fever	ment? High Blood Low Blood	Yes Yes Yes	No No No
Have you been under to Are you or have you to Please list any medical Please list any medical Are you Allergic to late Have you ever had any Do you have or ever he Heart Disease Heart Murmur Pacemaker	the care of a medical caken any bone enhance tions you are taking a tions you are Allergic ex?  Y excessive bleeding the dany of the following Cancer Radiation Therapy	to  to  at requires special treations:  Rheumatic Fever Epilepsy or Seizure	ment?  High Blood Low Blood Head/Back	Yes Yes Yes Pressure Pressure	No No No
Have you been under to Are you or have you to Please list any medical Please list any medical Are you Allergic to late Have you ever had any Do you have or ever had the Heart Disease Heart Murmur Pacemaker Congenial Heart Lesions	the care of a medical caken any bone enhance tions you are taking a tions you are Allergic ex?  The excessive bleeding the ad any of the following Cancer Radiation Therapy Chemotherapy	to	ment?  High Blood Low Blood Head/Back	Yes Yes Yes Pressure Pressure /Neck Proble	No No No
Have you been under to Are you or have you to Please list any medical Please list any medical Are you Allergic to late Have you ever had any Do you have or ever had heart Disease Heart Murmur Pacemaker Congenial Heart Lesions Emphysema	the care of a medical caken any bone enhance tions you are taking a tions you are Allergic ex?  Y excessive bleeding the day of the following Cancer Radiation Therapy Chemotherapy Diabetes	to  to  at requires special treations:  Rheumatic Fever Epilepsy or Seizure Liver Disease Hepatitis	ment?  High Blood Low Blood Head/Back, Chemical/A	Yes Yes Yes Pressure Pressure /Neck Proble	No No No
Have you been under to Are you or have you to Please list any medical Please list any medical Are you Allergic to late Have you ever had any Do you have or ever had heart Disease Heart Murmur Pacemaker Congenial Heart Lesions Emphysema Cough	the care of a medical caken any bone enhance tions you are taking a tions you are Allergic ex?  Y excessive bleeding the day of the following Cancer Radiation Therapy Chemotherapy Diabetes Anemia	to	ment?  High Blood Low Blood Head/Back, Chemical/A Psychiatric	Yes Yes Yes Pressure Pressure /Neck Proble slcohol Deper Care iseases	No No No
Have you been under to Are you or have you to Please list any medical Please list any medical Are you Allergic to late Have you ever had any Do you have or ever he Heart Disease Heart Murmur	the care of a medical caken any bone enhance tions you are taking a tions you are Allergic ex?  Y excessive bleeding the ad any of the following Cancer Radiation Therapy Chemotherapy Diabetes Anemia Glaucoma	to	ment?  High Blood Low Blood Head/Back Chemical/A Psychiatric Venereal D	Yes Yes Yes Pressure Pressure /Neck Proble slcohol Deper Care iseases Implant	No No No
Have you been under to Are you or have you to Please list any medical Please list any medical Are you Allergic to late Have you ever had any Do you have or ever had heart Disease Heart Murmur Pacemaker Congenial Heart Lesions Emphysema Cough Blood Transfusion	the care of a medical caken any bone enhance tions you are taking a tions you are Allergic ex?  Yexcessive bleeding the day of the following Cancer Radiation Therapy Chemotherapy Diabetes Anemia Glaucoma Tuberculosis	to	ment?  High Blood Low Blood Head/Back Chemical/A Psychiatric Venereal D Any type of	Yes Yes Yes Pressure Pressure /Neck Proble slcohol Deper Care iseases Implant	No No No ms

The above information is accurate and complete to the best of my knowledge. I will not hold my dentist or any member of his staff responsible for any errors or omissions that I may have made in completion of this form. I herby give my consent for necessary dental x-rays for the diagnosis and treatment of my oral health. I understand that I am personally responsible for all charges associated with my care.