

Name:

DOB:

Patient/Parent/Guardian Initial:

Date:

Please ✓ YES or No to each question. If unsure of a question, please consult with the dentist.

Yes No
[Grid of checkboxes for questions 1-22]

- 1. Are you being treated for any medical condition at present or within the past two years?
2. Have you been hospitalized in the past two years?
3. When was your last visit to a Physician?
4. Have you recently, or are you presently, taking any prescription or non-prescription drugs...
5. Have you ever reacted adversely to any medications or injections?
6. Have you ever been advised against taking any specific type of medication?
7. Do you have any of the following? Asthma, Hay Fever, Food Allergies, Metal or Latex Allergies, Skin Rashes, Hives, or any other allergic conditions?
8. Do any of these allergic conditions result in headache, nausea, swelling, shortness of breath, or chest constriction?
9. Is there a family history of Diabetes, Cancer or Heart Disease?
10. Do you bleed EXCESSIVELY from a cut or injury, or bruise easily?
11. Do your ankles, feet or hands swell?
12. Has your weight, appetite or energy level changed dramatically recently?
13. Do you follow a special diet, or are you on a diet pill therapy?
14. Do you experience shortness of breath or chest pain when taking a walk or climbing stairs?
15. Have you or anyone in your family tested HIV positive or have Hepatitis A B C?
16. Do you have FREQUENT SEVERE headaches, earaches, ear/throat infections?
17. Have you ever had any injury or surgery to your face or jaws?
18. Do you wear eyeglasses or contact lenses?
19. Do you have any hearing difficulties?
20. Do you smoke or use any other forms of tobacco?
21. Are you alcohol and/or drug dependent?
22. INDICATE WHICH OF THE FOLLOWING YOU PRESENTLY HAVE OR EVER HAD:

Table with 3 columns of Yes/No checkboxes for various medical conditions including A.I.D.S., Anemia, Angina pectoris, Arthritis/rheumatism, Artificial heart valve, Artificial joints(hip, knee), Blood disorders, Bronchitis, Cancer, Circulation problems, Congenital heart lesions, Cortisone/steroid, Crohn's disease, Diabetes, Emphysema, Epilepsy or seizures, Fainting or dizzy spells, Glandular disorders, Glaucoma, Head/neck injuries, Heart disease or attack, Heart murmur, Heart pacemaker, Heart rhythm disorder, Heart surgery, Hepatitis A B C, Herpes, High/Low blood pressure, Hodgkins disease, Hyper (Hypo) Glycemia, Hypertension, Inflammatory bowel dis., Jaundice, Kidney disease, Liver disease, Lung disease, Lupus, Malignant Hyperthermia, Mental/nervous disorder, Mitral valve prolapse, Organ transplant/medical implant, Psychiatric treatment, Radiation treatment/chemotherapy, Scarlet fever -> Rheumatic fever, Sickle cell disease, Sinus trouble, Stomach/intestinal problems/Ulcers, Stroke, Thyroid disease, Tuberculosis, Venereal Disease, Other, Strep throat, Tonsillitis.