

MEDICAL INFORMATION / HISTORY

TODAY'S DATE: _____

PATIENT NAME: _____ **DOB:** _____

EMAIL: _____ **PHONE:** _____

PHYSICIAN'S NAME: _____ **PHONE:** _____

IF AVAILABLE

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

Are you under a physician's care now?	<input type="radio"/> YES <input type="radio"/> NO	If yes: _____
Have you ever been hospitalized or had a major operation?	<input type="radio"/> YES <input type="radio"/> NO	If yes: _____
Have you ever had a serious head or neck injury?	<input type="radio"/> YES <input type="radio"/> NO	If yes: _____
Are you taking any medications, pills, or drugs?	<input type="radio"/> YES <input type="radio"/> NO	If yes: _____
Do you have any planned or upcoming surgery?	<input type="radio"/> YES <input type="radio"/> NO	If yes: _____
Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?	<input type="radio"/> YES <input type="radio"/> NO	If yes: _____
Are you on a special diet?	<input type="radio"/> YES <input type="radio"/> NO	If yes: _____
Do you use tobacco?	<input type="radio"/> YES <input type="radio"/> NO	If yes: _____
Do you use controlled substances?	<input type="radio"/> YES <input type="radio"/> NO	If yes: _____
Have you been told by your doctor to take an antibiotic prior to dental exams and treatment?	<input type="radio"/> YES <input type="radio"/> NO	If yes: _____

FEMALES: Are you...

Pregnant/Trying to get pregnant? Nursing? Taking oral contraceptives?

