**MEDICAL HISTORY**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian Name (if minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (D/M/Y): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home #: \_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_

Best way to contact you: □Cell □Home □Phone □Text □Email Employer/Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P#: \_\_\_\_\_\_\_\_\_\_\_ Specialists Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency, whom should we contact? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our office? □Walk-by □Website □Yelp □Google Search □DND □Facebook □Friend

Who should we thank for referring you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is English your first language? □**Yes**  □**No** If **no,** do you need an interpreter? □**Yes**  □**No**

What is your estimate general health? □**Excellen**t □**Good** □**Fair** □**Poor**

**2 QUESTIONS**

1. There are 5 reasons why a person resists going to the dentist; are any of these a factor and if so choose the **ONE** that is most important.

□**Fear** (How fearful, 1 (least) - 10 (most)) \_\_\_\_ □**Time**  □**Budget**  □**Trust** □**No sense of urgency** □ **N/A**

1. Although all of these are important to your oral health which **ONE** of these are most important to you:

□**Cosmetic**  □**Function**  □**Comfort**  □**Longevity**

**DO YOU HAVE or HAVE YOU EVER HAD**

1. Hospitalization for illness or injury: □**Yes** □**No** If **yes,** please provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. An Allergic reaction to: □aspirin □ibuprofen □acetaminophen □codeine □penicillin □tetracycline □local anesthetic □metals (nickel, gold, silver) □fluoride □sulfa □erythromycin □latex □other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you have any heart conditions? □**Yes**  □**No** If yes, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you have a history of any of the following that may require antibiotic coverage?

* Artificial heart valves. □**Yes**  □**No** A history of infective endocarditis. □**Yes**  □**No**
* A heart conditions present from birth including:

1. Unrepaired or incompletely repaired cyanotic congenital heart disease, including those with palliative shunts and conduits. □**Yes**  □**No**
2. A completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention with in the last six months. □**Yes**  □**No**
3. Any repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or a prosthetic device. □**Yes**  □**No**

* A cardiac transplant that developed a problem in a heart valve. □**Yes**  □**No**

1. Joint Replacement: □**Yes**  □**No** If **yes** what joint? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes | No |  | Yes | No |
| Heart Attack - Date: |  |  | Emotional Disorders, Depression, Psychiatric Txt |  |  |
| Cardiac Stent(s) - Date: |  |  | Epilepsy, convulsion (seizures) |  |  |
| Stroke - Date: |  |  | Muscular dystrophy, multiple sclerosis |  |  |
| High or Low Blood Pressure |  |  | Neurologic problems (ADD) |  |  |
| Anemia or other blood disorder |  |  | Hepatitis - Type: |  |  |
| Prolonged bleeding due to slight cut |  |  | Breathing or Sleep Problems (i.e. snoring, sinus) |  |  |
| On blood thinners i.e. Coumadin, Adult Aspirin, Plavix (INR #: \_\_\_\_\_\_\_\_) |  |  | Unexplained sore throat, feeling like something is caught in throat or chronic hoarseness |  |  |
| Emphysema |  |  | HIV/AIDS |  |  |
| Tuberculosis |  |  | Colitis/Crohns |  |  |
| Asthma: Where do you keep your inhaler? |  |  | Eating Disorder (Bulimia, Anorexia Nervosa) |  |  |
| Thyroid Disease |  |  | Lupus |  |  |
| Kidney Disease |  |  | Cold Sores |  |  |
| Liver Disease |  |  | Head or Neck injuries |  |  |
| Jaundice |  |  | Lumps or swelling in the mouth or neck area |  |  |
| Cancer - Type: |  |  | Digestive disorders (i.e. Gastric reflux) |  |  |
| Radiation/Chemotherapy |  |  | Drug Dependency - Type: |  |  |
| Male Only: Prostate disorders |  |  | Consumer of alcohol - # times per week: |  |  |

1. Female: □ Osteoporosis? If **No,** have you ever been tested for osteoporosis? □Yes □No □ Take Fosamax, Fosamax plus D for osteoporosis or for any other reason? □ Prone to yeast infections
2. Any medical condition(s) or impending surgery not listed □**Yes** □**No.** If **yes**, please indicate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List all prescribed medications & over-the-counter supplements and vitamins that you are currently taking.**

Drug Purpose Drug Purpose

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Gum disease has been linked with an increased risk for many chronic diseases. Eliminating gum disease is especially important to the oral *and* overall health of the following patients** (please indicate which apply):

□ **Tobacco User:**

□ Current Tobacco User: □**Yes** □**No** If yes, do you want to quit? □ **Yes** □ **Contemplation Phase** □ **No**

What form (cigarettes, pipe, chew, marijuana, e-cigarettes etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much/day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For How Long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Previous Tobacco user: □**Yes** □**No** If **yes**, when did you quit**?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tobacco usersare more likely to develop gum disease which is more severe and more difficult to eradicate. Gum disease itself has recently been linked with an increased risk for heart disease. Since tobacco users are already at an increased risk for heart disease (and since gum disease only worsens that risk) it is vitally important for tobacco users to do whatever is necessary to eliminate gum disease.

□ **Diabetes:** □**Yes** □**No**

What type? □ Type I □ Type II. Date of last HbA1c: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. How is your diabetes control?

□ **Good** (<7% A1c/140 mg/dL) □ **Fair** (7-9% A1c/140-220 mg/dL) □ **Poor** (>9 A1c/>330mg/dL) □ **Don’ Know**

Diabetes is a well-known risk factor for gum disease**.** Research is confirming that when left untreated gum disease makes it harder for you to control your blood sugar. Elimination of gum disease can improve your blood sugar control.

□ **Family History of Diabetes:** □**Yes** □**No**

If yes who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Spouse with gum disease (Gum disease may be transmissible)

□ **Family History of Gum Disease:** □**Yes** □**No** □ **Don‘t know**. If **yes** who \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Some people are genetically prone to developing gum disease even if they take care of their mouths.

□ **Stress:** Is your stress level too high? □**Yes** □**No**

Stress is a well-known risk factor for gum disease. Life altering events (loss of job, divorce, death in family, moving) can be particularly strong factors for Gum disease. Are you currently going through any life altering events? □Yes □No If yes what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ **Rheumatoid Arthritis:** □**Yes** □**No**

There is a bi-directional connection between rheumatoid arthritis and gum disease. If you have arthritis you are at an increased risk for gum disease. Emerging research suggests that eliminating any gum disease and then keeping it at bay can lessen the crippling effects of arthritis.

□ **Overweight:** Are you overweight? □**Yes** □**No**

Being overweight is now recognized as a strong risk factor for gum disease. Obesity and gum disease are both risk factors for heart disease and diabetes. Thus, if you’re over your ideal weight it is vitally important for you to eliminate any gum inflammation to lower your risks for more serious health problems.

□ **Medications**:

Some drugs can affect your oral health are you taking any of the following:

□ Taking Dilantin □ Ca+ Channel Blockers □ Immunosuppressant’s for organ transplantation

□ Oral contraceptives □ Anti-depressants

□ **Hormones:** Do any of the following apply? □ **Puberty** □ **Pregnan**t □ **Menopause** **□ Post-Menopause**

□ Pregnant If **yes** how many weeks? \_\_\_\_\_\_\_\_ □ Nursing

The presence and lack of certain hormonesduring puberty, pregnancy and menopause may impact the gingival health. Puberty includes gingivitis and aggressive periodontitis, pregnancy includes pregnancy gingivitis and menopause includes menopausal gingivostomatitis, which manifests itself as dry or shiny, bleeding and ranges from abnormally pale to deep red.

□ **Clenching and Grinding:** Do you clench or grind? □ **Yes** □ **No**

Excess force is put on the supporting tissues of the teeth and could speed up the rate at which these periodontal tissues are destroyed.

I, the undersigned, certify that all of the medical and dental information provided is true to the best of my knowledge, and I have not knowingly omitted any information.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_