

## HEALTH HISTORY/NEW PATIENT (CONFIDENTIAL)

### ANSWER THE FOLLOWING:

Is your general health good?	Yes	No
Have you been hospitalized in the last two years?	Yes	No
Have you been to the doctor in the last two years?	Yes	No
Are you taking any medicine or drugs? (list below)	Yes	No

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Allergic to penicillin or sulfites ?(circle)	Yes	No
Allergic to any other drugs? (list below)	Yes	No

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Allergic to latex or any other allergies?(list below)	Yes	No
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Do you have any artificial joints or heart valves?	Yes	No
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Do you have a pacemaker?	Yes	No
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Have you ever been advised by your Physician to premedicate before dental treatment?	Yes	No
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### CIRCLE ANY YOU HAVE HAD:

Heart trouble	Diabetes	Epilepsy	Syphilis
Congenital heart lesions	Tobacco Use	Psychiatric care	Excessive bleeding
Heart murmur	Alcohol/Substance abuse	Sinus trouble	Bruises easily
High blood pressure	T.B.	Arthritis	Currently pregnant
Anemia	Hepatitis	Kidney trouble	Chemotherapy
Rheumatic fever	Jaundice	Shortness of breath	Radiation therapy
Asthma	Stroke	Fainting	Other cancer therapy

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Full name of your Physician:

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Phone:

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Signature

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Date

## DENTAL HISTORY

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How long since your last dental checkup?

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Are you currently having any specific dental problems?

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Do your gums bleed?

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Have you had periodontal (gum) disease?

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How often do you brush/floss?

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Are you troubled by bad breath?

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Are you aware of grinding or clenching your teeth?

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Does your jaw make noise or pop when you chew, or open wide?

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Are you self-conscious about the appearance of your teeth?

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Do you have any teeth missing and not replaced?

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If so, are you considering having those teeth replaced?

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Are you presently wearing any removable dental appliance or prosthesis?

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If so, is there any discomfort or problem with it?

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Are there any other dental problems that concern you?

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