



COMPREHENSIVE HEALTH HISTORY

Your Name: _____

Today's Date: _____

Primary Care Physician: _____

Physician's Number : _____

Your current age: _____

Have you ever had an adverse reaction to the following? (Check all that apply)

- Local Anesthetics/Novocaine Codeine Antibiotic _____
 Other _____ Aspirin/Advil Latex

Do you take:

- Blood thinners (ex: Coumadin, Plavix, etc.) If yes, date and score of most recent INR
 Any other medications, vitamins or supplements? If so, please list: (Cont. on back if needed or give us a list to scan)

Name of Medication/Dosage:	What condition you take it for:
_____	_____
_____	_____
_____	_____
_____	_____

What is your level of anxiety/stress/fear when going to the dentist? None Mild Mod Severe

1. Tobacco use

- Never
 Previous tobacco user, if so, how long ago did you quit? _____
 Currently using tobacco, if yes please answer the following:
What type do you use? Cigarettes Chew Cigars E-cig Other
How much/day? _____ For how long? _____
Ever attempted to quit? Yes No

Tobacco users are more likely to develop gum disease. 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.

2. Have you ever been diagnosed with heart disease? Yes No