	or for gum disease. Research is confirming that untreated gum disease makes it od sugar. Elimination of gum disease can improve your blood sugar control, complications of diabetes.
6. Have you ever been diagnosed	d with an Autoimmune Disease, if so please list? Yes No
organs of the person's own body. S	s caused by a reaction of an individual's immune system to the tissues or come of these diseases affect the oral cavity and have a negative effect on tations of many autoimmune diseases.
7. Have you been diagnosed wit	h Alzheimer's Disease or Dementia? Yes No Family History? Yes No
	an increased chance for developing Alzheimer's later in life. If you have a ncreased risk. Keeping gum disease at bay over your life span can lower 's Disease.
Stress is a well-known risk fact Life altering evens (loss of job,	ess level? None Low High or for gum disease.  divorce, death in family, moving to new location, etc.) can lead to the type of stresse to diseases like gum disease. Are you currently going through any life altering
<ul> <li>○ Bleeding problems ○ Epi</li> <li>○ Hepatitis ○ Tuberculosis</li> <li>○ Vertigo ○ Steroid use ○</li> <li>○ Cold sores/fever blisters (</li> <li>○ Spouse with gum disease (</li> <li>disease)</li> </ul>	cou keep your inhaler? Respiratory disease lilepsy More than one or two alcoholic beverages/day Artificial joint(s) HIV/AIDS Thyroid disorder Cancer Chemo/radiation Kidney problems Psychiatric therapy Habital use of controlled substance GERD/Stomach ulcers Depressed immune system Gum disease may be transmittable, family members should be screened for gunter Blockers, or Immunosuppressants for organ transplantation
FEMALES Are you: O Pregnant	○ Nursing ○ Taking birth control pills
Gum disease is linked with an in-	creased risk of osteoporosis and breast cancer in post-menopausal women.
Ever diagnosed with breast cano	er? O Yes O No Mastectomy? O Lumpectomy? O Rt O Lft O
Do you have osteoporosis? 🔾 Yo	es ONo - If no, have you been tested? OYes No
	he questions on this form have been accurately answered. I understand that providing gerous to my (or patient's) health. It is my responsibility to inform the dental office of an
Signature of Patient/Guardi	an Date