Medical History

Patient Name: e-mail: Birthdate:

Emergency Contact Name: Emergy Contact Phone #:

Physician's Name: Clinic Name: Date of last physical examination:

Are you currently under care of a Physician? ☐Yes ☐No

List all over the counter drugs and prescription medications you are presently taking (including birth control):

Are you currently or have you ever taken medications for osteoporosis? (Fosamax, Bisphophonates, etc.) ☐Yes ☐No

Check if you have ever expeienced any adverse effects from any of the following: ☐Dental Anesthetics ☐Asprin ☐Penicillin ☐Tetracycline ☐Latex Allergy ☐Metal Allergy ☐Erythromycin ☐Codeine ☐Plastic Allergy

Other Allergies:

Do you need to be premedicated before dental treatment? ☐Yes ☐No

Do you have or have you had any of the following listed below? (answer all):

	Y	N
Rheumatic Fever	☐	☐
Heart Murmur	☐	☐
Congenital Heart Defect	☐	☐
Mitral Valve Prolapse	☐	☐
Artificial Heart Valve	☐	☐
High/Low Blood	☐	☐
Heart Disease	☐	☐
Heart Pacemaker	☐	☐
Heart Surgery	☐	☐
Heart Attack/Stroke	☐	☐

	Y	N
Anemia	☐	☐
Abnormal Bleeding	☐	☐
Blood Transfusions	☐	☐
Sickle Cell Disease	☐	☐
Emphysema	☐	☐
Asthma	☐	☐
Tuberculosis (TB)	☐	☐
Difficulty Breathing	☐	☐
Glaucoma	☐	☐
Contact Lenses	☐	☐

	Y	N
Hepatitis	☐	☐
Kidney Problems	☐	☐
Liver Problems	☐	☐
Ulcers, Cloitis, or Stomach Disorders	☐	☐
Artificial Joints	☐	☐
Implants	☐	☐
Hearing Imparement	☐	☐
Blindness	☐	☐
Sinus trouble	☐	☐
Frequent Mouth Sores	☐	☐
Hyperactivity	☐	☐
ADD/ADHD	☐	☐
Diabetes	☐	☐
Immune System Disorders	☐	☐
STD's	☐	☐
Cancer	☐	☐
Chemotherapy	☐	☐
Radiation	☐	☐
Tumors/Cysts/Growths	☐	☐

	Y	N
Counceling/ Psychiatric Care	☐	☐
Hemophilia	☐	☐
Epilepsy/Seizures	☐	☐
Fainting Spells	☐	☐
Arthritis/Rheumatism	☐	☐
Back/Neck Problems	☐	☐
Dry Mouth/Xerostomia	☐	☐
Fluoridated Drinking Water (12 and under only)	☐	☐
Handicaps/Disabilities	☐	☐
Chemical Dependency	☐	☐

Alcohol use per Week:

Tobacco use per Week:

type:

Caffeine use per Week:

type:

Females Only		
Pregnant	☐	☐
Due Date:		
Nursing	☐	☐

Other conditions, handicaps, or diseases not listed above:

Major Surgeries: