

PATIENT HEALTH HISTORY

HOSPITAL ADMISSIONS IN THE LAST 10 YEARS

INDICATE THE YEAR YOU WERE ADMITTED TO HOSPITAL AND THE REASON. DO NOT INCLUDE NORMAL PREGNANCIES.

DATE	ILLNESS OR OPERATION	DATE	ILLNESS OR OPERATION

MEDICATIONS

LIST ALL MEDICATIONS THAT YOU ARE NOW TAKING, INCLUDE OVER-THE-COUNTER RX, CHEMOTHERAPY, IRRADIATION

NAME	STRENGTH	HOW OFTEN	NAME	STRENGTH	HOW OFTEN

DRUG ALLERGIES: _____

MEDICAL DOCTOR: _____ PHONE: _____ LAST EXAM: _____

DIAGNOSIS/CONDITIONS

MARK C FOR CURRENT PROBLEMS, CHECK BOX AND INDICATE AGE WHEN YOU HAD ANY OF THE FOLLOWING:

CARDIOVASCULAR

- RHEUMATIC FEVER
- BIRTH HEART DEFECTS
- CORONARY ARTERY DISEASE
- STROKE
- ARTERIOSCLEROSIS
- HIGH BLOOD PRESSURE
- PACEMAKER
- SIGNIFICANT HEART MURMUR
- ARTIFICIAL HEART VALVE
- BLOOD TRANSFUSION
- ANEMIA
- LEUKEMIA
- HEMOPHILIA
- PURPURA
- CONGESTIVE HEART FAILURE

RESPIRATORY

- EMPHYSEMA
- BRONCHITIS
- PNEUMONIA
- ASTHMA/HAY FEVER
- PERSISTENT COUGH

INFECTIONS

- HEPATITIS
- HIV
- HERPES
- TUBERCULOSIS
- VENEREAL DISEASE

SYSTEMIC

- CANCER (TYPE _____)
- KIDNEY DISEASE
- PROSTATE PROBLEMS
- BENIGN TUMORS
- PEPTIC ULCER
- HIATAL HERNIA
- FREQUENT VOMITING/INDIGESTION
- LUPUS/SCLERODERMA
- COLITIS
- ADRENAL INSUFFICIENCY
- DIABETES
- HYPERTHYROIDISM
- HYPOTHYROIDISM
- SKIN DISEASE
- METABOLIC NUTRITIONAL DISORDER

MUSCULOSKELETAL & NEURAL

- BROKEN BONES
- OSTEOARTHRITIS
- RHEUMATOID ARTHRITIS
- GOUT
- ARTIFICIAL JOINTS
- PARALYSIS
- CHRONIC PAIN
- SEIZURES
- NUMBNESS
- DEPRESSION
- RETARDATION

DENTOFACIAL

- GLAUCOMA
- CATARACT
- SORE EYES
- FREQUENT HEADACHES
- SINUSITIS
- FREQUENT NOSEBLEEDS
- EAR PROBLEMS
- FREQUENT SORE THROAT
- SMOKING
- CLENCH OR GRIND TEETH
- SNORE EXCESSIVELY
- SLEEP APNEA
- BLEEDING GUMS
- BAD BREATH/TASTE
- CROOKED TEETH/BAD BITE
- DISCOLORED OR DEFORMED TEETH
- MISSING, LOOSE, DRIFTING TEETH
- SENSITIVE TEETH/RECEDING GUMS
- FREQUENT SORES ON LIPS OR GUMS
- DIFFICULTY CHEWING FOOD
- FREQUENT CHOKING

OTHER

WOMEN:

- CURRENTLY PREGNANT
- REGULAR MENSTRUAL PERIODS
- BIRTH CONTROL
- HORMONE REPLACEMENT

OTHER MEDICAL OR DENTAL CONDITIONS? _____

FORMER DENTIST: _____ LAST EXAM: _____

WHAT BENEFITS WOULD YOU RECEIVE BY PREVENTING DENTAL EMERGENCIES? _____

WHAT ADVANTAGES MIGHT YOU SEE IN HAVING AS FEW DENTAL VISITS AS POSSIBLE? _____

WHAT VALUE WOULD A NICE SMILE ADD TO YOUR CAREER? _____

IF YOU COULD MAKE ANY CHANGE YOU WANTED TO YOUR TEETH OR SMILE, WHAT WOULD THAT BE? _____

SIGNATURE: _____ DATE: _____