Dental Health History
(Confidential)

Today's Date _____

Patient Name _____ Birthdate _____ Age _____
Last First Initial

DENTAL HISTORY

Reason for Today's Visit _____

Referring Dentist's Name _____ for how long? _____

Frequency of cleanings: _____ Date of last dental care _____ Date of last dental X-rays _____

Check (✔) if you have had problems with any of the following:

- ☐ Bad breath
- ☐ Bleeding gums
- ☐ Clicking or popping jaw
- ☐ Food collection between teeth
- ☐ Grinding teeth
- ☐ Loose teeth or broken fillings
- ☐ Periodontal treatment
- ☐ Sensitivity to cold or sweets
- ☐ Sensitivity to hot
- ☐ Orthodontics (braces)
- ☐ Sensitivity when biting
- ☐ Sores or growths in your mouth

Are you happy with the way your teeth look and feel? _____ Are you nervous about dental treatment? _____

How would you feel if you had to wear dentures? _____

MEDICAL HISTORY

Physician's Name _____ Condition being treated _____

Have you had any serious illnesses or operations? ☐ Yes ☐ No If yes, describe _____

(Women) Are you pregnant? ☐ Yes ☐ No Nursing? ☐ Yes ☐ No Taking birth control pills? ☐ Yes ☐ No

Check (✔) if you have or have had any of the following:

- ☐ Heart Murmur
- ☐ Mitral Valve Prolapse
- ☐ Rheumatic Fever
- ☐ Swelling of Ankles
- ☐ Chest Pain
- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Artificial Heart Valve
- ☐ Stroke
- ☐ Bleeding Problem
- ☐ Anemia
- ☐ Heart Problems
  Describe _____
- ☐ Pacemaker
- ☐ Asthma
- ☐ Tuberculosis
- ☐ Sinus Problem
- ☐ Shortness of Breath
- ☐ Persistent Cough
- ☐ Smoking/Tobacco Habit
- ☐ Hepatitis/Liver Disease
- ☐ Kidney Disease
- ☐ Ulcers
- ☐ Fainting
- ☐ Seizures
- ☐ Joint Replacement
- ☐ Diabetes
- ☐ Family Hx/Diabetes
- ☐ Thyroid Problem
- ☐ Cancer
- ☐ Chemotherapy
- ☐ Radiation
- ☐ Cortisone/Steroids
- ☐ AIDS/HIV
- ☐ Headaches
- ☐ Psychiatric Tx
- ☐ Any other Medical Condition
  Describe _____

MEDICATIONS

List medications you are currently taking:

_____

_____

_____

_____

ALLERGIES

- ☐ Aspirin
- ☐ Sedatives
- ☐ Codeine
- ☐ Local Anesthetic
- ☐ Penicillin
- ☐ Sulfa
- ☐ Latex Rubber
- ☐ Iodine
- ☐ Other _____

COMMENTS