

Date _____

Patient Name _____ Date of Birth _____

General Dentist: _____ Medical Doctor _____

Do you have a condition that requires you to have antibiotic premedication prior to dental procedures? _____

Do you now/have you ever taken medication for osteoporosis? _____ Medication name _____

***LIST ALL MEDICATIONS YOU TAKE (including aspirin & supplements)**

NAME OF MEDICATION and DOSAGE	NAME OF MEDICATION & DOSAGE

*Are you allergic to or do you suffer ill effects from any of the following? (If yes, please circle)

Aspirin Codeine Dental Anesthesia Latex Penicillin Other _____

*Date of Last Physical Exam: _____

*Are you now or have you recently been under a physician's care? Explain _____

*Have you been admitted to the hospital or been seriously ill in the last five years? Explain _____

*Do you use tobacco products? (If yes, circle) Cigarettes Cigars E-cigs/Vapes Smokeless tobacco

*Do you or a family member have diabetes? Who? _____

***Circle any of the following that you have had:**

- | | | | | |
|---------------------|--------------------|---------------------|------------------------|--------------|
| Arthritis | Rheumatic Fever | Heart Trouble | Heart Murmur | Pace Maker |
| Chest Pain (angina) | Stroke | Shortness of Breath | High/Low BP | Asthma |
| Hay Fever | Cortisone/Steroids | Hepatitis/Jaundice | Liver Disease | Anemia |
| Chemotherapy | Cancer/Tumor | Tuberculosis | Diabetes | Lung Disease |
| Venereal Disease | Sinus Trouble | Prolonged Bleeding | Fainting Tendency | Epilepsy |
| Thyroid Disease | Glaucoma | Radiation Treatment | Mental Disorders | HIV or AIDS |
| Prosthetic Joint | Blood Transfusion | Blood Disease | Kidney/Bladder Trouble | |

WOMEN: Are you pregnant? Yes or no

Are you breastfeeding? Yes or no

Do you take birth control medication? Yes or no

I certify that the above information is correct. Patient Signature _____

Guardian Signature _____ Date _____

MEDICAL UPDATES: OFFICE USE ONLY:

Patient Signature _____ Date _____

Patient Signature _____ Date _____

Patient Signature _____ Date _____