PATIENT MEDICAL HISTORY			
PHYSICIAN: OFFICE PHONE:		DATE OF LAST EXAM:	
ARE YOU UNDER MEDICAL TREATMENT NOW? IF YES, EXPLAIN	YES NO	7. ARE YOU ALLERGIC TO ANY OF YES NO	YES NO
2. HAVE YOU EVER BEEN HOSPITALIZED FOR AN SURGICAL OPERATION OR SERIOUS ILLNESS? IF YES, EXPLAIN		(EG. NOVOCAINE) ANTIBIOTICS	SEDATIVES
3. ARE YOU TAKING ANY MEDICATION(S) INCLUDI NON-PRESCRIPTION MEDICINE? IF YES, WHAT MEDICATION ARE YOU TAKING?		 7. DO YOU HAVE A PERSISTANT CO THROAT CLEARING NOT ASSOCI KNOWN ILLNESS (MORE THAN 3 9. WOMEN ONLY: A) ARE YOU, OR THINK YOU MAY 	B WEEKS)?
5. DO YOU USE TOBACCO?		B) ARE YOU NURSING? C) ARE YOU TAKING BIRTH CONT	
6. DO YOU USE ALCOHOL OR OTHER DRUGS?			
10. DO YOU HAVE OR HAVE YOU HAD ANY OF THE	E FOLLOWING?		COMMENTS
ANGINA SWOLLEN DIABETES FAINTING LEUKEMIA THYROID EMPHYSEMA EASILY W STROKE LIVER DIS HEART ATTACK HEART TE CHEST PAINS TUBERCU	URMUR	HIGH BLOOD PRESSURE LOW BLOOD PRESSURE AIDS OR HIV INFECTION HEPATITIS/ JAUNDICE STOMACH TROUBLES/ ULCERS EPILEPSY/CONVULSIONS CARDIAC PACEMAKER RADIATION THERAPY RECENT WEIGHT LOSS RESPIRATORY PROBLEMS JOINT REPLACEMENT OR IMPLANT OTHER	
PATIENT DENTAL HISTORY			
1.DO YOUR GUMS BLEED WHILE BRUSHING OR FLOSSING? 2.ARE YOUR TEETH SENSITIVE TO HOT OR COLD LIQUIDS/FOODS? 3.ARE YOUR TEETH SENSITIVE TO SWEET OR SOUR LIQUID/FOOD? 4.DO YOU HAVE SORES OR LUMPS IN OR NEAR YOUR MOUTH? 5. HAVE YOU EVER HAD INSTRUCTION ON THE CORRECT METHOD OF BRUSHING YOUR TEETH? 10. DO YOU BITE YOUR LIPS OR CHEEKS FREQUENTLY? 11. HAVE YOU EVER HAD PROLONGED BLEEDING FOLLOWING EXTRACTIONS?			
I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. TO THE BEST OF MY KNOWLEDGE, THE ABOVE QUESTIONS HAVE BEEN ACCURATELY ANSWERD. I UNDERSTAND THAT PROVIDING INCORRECT INFORMATION CAN BE DANGEROUS TO MY HEALTH. PATIENT, PARENT OR GUARDIAN DATE			