DENTAL HISTORY

		Phone: ()
Address:		City:	State: Zip:
Date of last dental care: _		Date of last x-rays:	
What would you like us to	do today? :	Are you in dental dis	scomfort today? : ⊡ Yes, □
Check if you have had pro	blems with any of the fol	llowing:	
□ Bleeding gums	□ Loose	e teeth or broken fillings	☐ Sensitivity to hot
☐ Clicking or popping jaw		dontal treatment	☐ Sensitivity to cold
☐ Food collecting between		tion to anesthesia	☐ Sensitivity to sweets
 Grinding or clenching ter 		or growths in mouth	☐ Sensitivity to biting
How often do you brush?		Floss ?	
		th ?	
Have you ever experience	d an adverse reaction du	uring or in conjunction with a denta	al procedure ? □ Yes, □ No
-		ous treatment:	•
·		ICAL HISTORY	
	MED	ICALTIISTORT	
Physician's Name:		Phone: ()
Date of last visit:	Have you	Phone: (ations? □Yes, □No
Date of last visit:	Have you	Phone: (ations? □ Yes, □ No
Date of last visit: f yes describe: Are you currently under a p	Have you Dhysician's care ? □ Yes,	Phone: (ations? □Yes, □No
Date of last visit: f yes describe: Are you currently under a p	Have you hysician's care ? □ Yes, ? □ Yes, □ No, Nursin	Phone: (had any serious illnesses or opera	ations? □Yes, □No
Date of last visit: If yes describe: Are you currently under a p Women: Are you pregnant Check if you have had any	Have you hysician's care ? Yes, No, Nursin of the following:	Phone: (had any serious illnesses or opera , □ No, if yes, describe: g? □ Yes, □ No, Taking birth co	ations? □Yes, □No
Date of last visit: If yes describe: Are you currently under a pure you pregnant Check if you have had any AIDS/HIV Positive	Have you hysician's care? Yes, No, Nursin of the following:	Phone: (had any serious illnesses or opera No, if yes, describe: g? □ Yes, □ No, Taking birth co □ Herpes (cold sores)	ontrol pills? Rheumatic/
Date of last visit: If yes describe: Are you currently under a purchase of the control of the	Have you hysician's care? □ Yes, □ Yes, □ No, Nursin of the following: □ Diabetes □ Epilepsy	Phone: (had any serious illnesses or opera No, if yes, describe: g? □ Yes, □ No, Taking birth co □ Herpes (cold sores) □ High blood pressure	ontrol pills? Rheumatic/ Scarlet Fever
Date of last visit: If yes describe: Are you currently under a purchase of the control of the	Have you hysician's care? □ Yes, □ Yes, □ No, Nursin of the following: □ Diabetes □ Epilepsy □ Fainting	Phone: (had any serious illnesses or opera No, if yes, describe: g? □ Yes, □ No, Taking birth co □ Herpes (cold sores) □ High blood pressure □ Jaw pain	ontrol pills? Pheumatic/ Scarlet Fever Shortness of breath
Date of last visit: If yes describe: Are you currently under a power of the common and the com	Have you hysician's care? □ Yes, Yes, □ No, Nursin of the following: □ Diabetes □ Epilepsy □ Fainting □ Glaucoma	Phone: (had any serious illnesses or opera No, if yes, describe: g? □ Yes, □ No, Taking birth co □ Herpes (cold sores) □ High blood pressure □ Jaw pain □ Liver disease	ontrol pills? Yes, No Ontrol pills? Yes, No Rheumatic/ Scarlet Fever Shortness of breath Stroke
Date of last visit: If yes describe: Are you currently under a pure women: Are you pregnant to theck if you have had any AIDS/HIV Positive Anaphylaxis Anemia Arthritis, Rheumatism Artificial heart valves	Have you hysician's care? Yes, No, Nursin of the following: Diabetes Epilepsy Fainting Glaucoma Headaches	Phone: (had any serious illnesses or opera No, if yes, describe: g? □ Yes, □ No, Taking birth or □ Herpes (cold sores) □ High blood pressure □ Jaw pain □ Liver disease □ Material allergies:	ontrol pills? D Yes, D No Rheumatic/ Scarlet Fever Shortness of breath Stroke Surgical implant
Date of last visit: If yes describe: Are you currently under a pure when: Are you pregnant to the ck if you have had any alpositive and Anaphylaxis Anemia Arthritis, Rheumatism Artificial heart valves Artificial joints	Have you hysician's care? Yes, No, Nursin of the following: Diabetes Epilepsy Fainting Glaucoma Headaches Heart murmur	Phone: (had any serious illnesses or opera No, if yes, describe: g? □ Yes, □ No, Taking birth of □ Herpes (cold sores) □ High blood pressure □ Jaw pain □ Liver disease □ Material allergies: latex, metal, etc.	ontrol pills? Yes, No Rheumatic/ Scarlet Fever Shortness of breath Stroke Surgical implant Thyroid disease
Date of last visit: If yes describe: Are you currently under a pure you pregnant to the companie to the comp	Have you hysician's care? Yes, Yes, No, Nursin of the following: Diabetes Epilepsy Fainting Glaucoma Headaches Heart murmur Heart problems	Phone: (had any serious illnesses or opera No, if yes, describe: g? □ Yes, □ No, Taking birth co □ Herpes (cold sores) □ High blood pressure □ Jaw pain □ Liver disease □ Material allergies: □ latex, metal, etc. □ Mitral valve prolapse	ontrol pills? Yes, No Rheumatic/ Scarlet Fever Shortness of breath Stroke Surgical implant Thyroid disease or malfunction
Date of last visit: If yes describe: Are you currently under a pure when: Are you pregnant check if you have had any allos/HIV Positive and Anaphylaxis and Arthritis, Rheumatism arthriticial heart valves arthriticial joints asthma	Have you hysician's care? Yes, No, Nursin of the following: Diabetes Epilepsy Fainting Glaucoma Headaches Heart murmur	Phone: (had any serious illnesses or opera No, if yes, describe: g? Yes, No, Taking birth co Herpes (cold sores) High blood pressure Jaw pain Liver disease Material allergies: latex, metal, etc. Mitral valve prolapse Nervous problems	ontrol pills? D Yes, D No Rheumatic/ Scarlet Fever Shortness of breath Stroke Surgical implant Thyroid disease or malfunction Tobacco habit
Date of last visit: If yes describe: Are you currently under a pure when: Are you pregnant check if you have had any all AlDS/HIV Positive and Anaphylaxis and Arthritis, Rheumatism arthriticial heart valves arthriticial joints asthma all Blood disease are cancer	Have you hysician's care? Yes, Yes, No, Nursin of the following: Diabetes Epilepsy Fainting Glaucoma Headaches Heart murmur Heart problems describe:	Phone: (had any serious illnesses or opera No, if yes, describe: g? Yes, No, Taking birth ce Herpes (cold sores) High blood pressure Jaw pain Liver disease Material allergies: latex, metal, etc. Mitral vaive prolapse Nervous problems Pacemaker/Heart surgery	ontrol pills? D Yes, D No Rheumatic/ Scarlet Fever Shortness of breath Stroke Surgical implant Thyroid disease or malfunction Tobacco habit Tuberculosis
Date of last visit: If yes describe: Are you currently under a pure with the content of the co	Have you physician's care? Yes, Yes, No, Nursin of the following: Diabetes Epilepsy Fainting Glaucoma Headaches Heart murmur Heart problems describe:	Phone: (had any serious illnesses or opera No, if yes, describe: g? Yes, No, Taking birth ce Herpes (cold sores) High blood pressure Jaw pain Liver disease Material allergies: latex, metal, etc. Mitral valve prolapse Nervous problems Pacemaker/Heart surgery mal Psychiatric care	ontrol pills? D Yes, D No Rheumatic/ Scarlet Fever Shortness of breath Stroke Surgical implant Thyroid disease or malfunction Tobacco habit
Date of last visit: If yes describe: Are you currently under a pure when: Are you pregnant check if you have had any all AlDS/HIV Positive and Anaphylaxis and Arthritis, Rheumatism arthriticial heart valves arthriticial joints asthma all Blood disease are cancer	Have you hysician's care? Yes, Yes, No, Nursin of the following: Diabetes Epilepsy Fainting Glaucoma Headaches Heart murmur Heart problems describe:	Phone: (had any serious illnesses or opera No, if yes, describe: g? Yes, No, Taking birth ce Herpes (cold sores) High blood pressure Jaw pain Liver disease Material allergies: latex, metal, etc. Mitral vaive prolapse Nervous problems Pacemaker/Heart surgery	ontrol pills? D Yes, D No Rheumatic/ Scarlet Fever Shortness of breath Stroke Surgical implant Thyroid disease or malfunction Tobacco habit Tuberculosis
Date of last visit: If yes describe: Are you currently under a pure with the control of the co	Have you hysician's care? Yes, Yes, No, Nursin of the following: Diabetes Epilepsy Fainting Glaucoma Headaches Heart murmur Heart problems describe: Hemophilia / Abnorableeding Hepatitis	Phone: (had any serious illnesses or opera No, if yes, describe: g? Yes, No, Taking birth ce Herpes (cold sores) High blood pressure Jaw pain Liver disease Material allergies: latex, metal, etc. Mitral valve prolapse Nervous problems Pacemaker/Heart surgery mal Psychiatric care Radiation treatment	ontrol pills? D Yes, D No Rheumatic/ Scarlet Fever Shortness of breath Stroke Surgical implant Thyroid disease or malfunction Tobacco habit Tuberculosis Venereal disease