

Patient Name _____ Patient ID # _____

Dental History

Circle Yes or No to indicate if you have had any of the following:

Bad Breath	Y N	Grinding teeth	Y N
Bleeding Gums	Y N	Swollen or tender gums	Y N
Blister on lips or mouth	Y N	Jaw pain	Y N
Burning sensation on tongue	Y N	Loose teeth or broken fillings	Y N
Chew on side of mouth	Y N	Mouth breathing	Y N
Cigarette, pipe, or cigar smoking	Y N	Mouth pain when breathing	Y N
Clicking or popping jaw	Y N	Orthodontic treatment	Y N
Dry mouth	Y N	Pain around ear	Y N
Food Collection between teeth	Y N	Periodontal treatment	Y N
Sensitivity to Cold or Heat	Y N	Sensitivity when biting	Y N
Sores or growth in mouth	Y N	Sensitivity to sweets	Y N

Health History

* Reviewed by Doctor _____ Date _____

Circle Yes or No to indicate if you have had any of the following:

Aids/ HIV	Y N	Epilepsy	Y N	Respiratory Disease	Y N
Anemia	Y N	Fainting or Dizziness	Y N	Rheumatic Fever	Y N
Arthritis, Rheumatism	Y N	Glaucoma	Y N	Scarlet Fever	Y N
Artificial Heart Valves	Y N	Headaches	Y N	Shortness of Breath	Y N
Artificial Joints	Y N	Heart Problems	Y N	Sinus Trouble	Y N
Asthma	Y N	Hepatitis Type _____	Y N	Skin Rash	Y N
Back Problems	Y N	High Blood Pressure	Y N	Special Diet	Y N
Bleeding abnormally	Y N	Jaundice	Y N	Stroke	Y N
Blood Disease	Y N	Kidney Disease	Y N	Swollen Feet/ Ankles	Y N
Cancer	Y N	Liver Disease	Y N	Swollen Neck Glands	Y N
Chemotherapy	Y N	Low Blood Pressure	Y N	Thyroid Problems	Y N
Circulatory Problems	Y N	Mitral Valve Prolapse	Y N	Tonsillitis	Y N
Congenital Heart Problems	Y N	Irregular Heart Beat	Y N	Tuberculosis	Y N
Cortisone Treatments	Y N	Psychiatric Care	Y N	Tumor	Y N
Cough, persistent or bloody	Y N	Radiation Treatment	Y N	Ulcer	Y N
Diabetes	Y N	Emphysema	Y N	Venereal Disease	Y N

Do you wear contact lens Y N Are you Pregnant? Y N Due _____
Taking birth control pills Y N Are you nursing? Y N

Medications

Pharmacy _____ Phone # _____

List any medications currently taking and correlating diagnosis:

Allergies

Aspirin	Latex	Tetracycline
Barbiturates (Sleeping pills)	Local Anesthetic	Other _____
Codeine	Penicillin	
Iodine	Sulfa	

Patient Initials _____