MEDICAL HISTORY

Medical research has shown a direct correlation between periodontal (gum) disease and a number of conditions including but not limited to: hardening of the arteries, heart attack, stroke, diabetes and increased blood pressure. Periodontal disease is the result of a combination of many complex elements. It is necessary to resolve every possible factor that may be contributing to your disease. The success of therapy can be dependent upon this. The following questions will help to identify conditions which may play a significant role in your dental and systemic health. Please answer the questions as accurately as possible.

Patient Name: _____

Are you in good health? _____ If NO, why? _____ When was your last physical? _____

Have you been hospitalized in the past 2 years? _____ If YES, why? _____

Do you smoke or chew tobacco? _____ If YES, how much and for how long? _____ Have you quit? _____

Have you been under the care of a physician in the past 2 years? _____ If YES, for what? _____

Have you taken any medication in the past 2 years? _____ Please list current medications: _____

_____

Are you allergic (itching, rash, swelling of the hands, feet or eyes) or made sick by any medications? _____

Please check the box next to any of the following you have had or currently have:

- ☐ Heart Attack or Disease
- ☐ Artificial Heart Valve
- ☐ Heart Surgery
- ☐ Pacemaker
- ☐ Heart Murmur
- ☐ Angina or Chest Pain
- ☐ Congenital Heart Problems
- ☐ Palpitations
- ☐ High Blood Pressure
- ☐ Stroke
- ☐ Rheumatic Fever
- ☐ Scarlet Fever
- ☐ Fosamax/Other Osteoporosis Medications
- ☐ Anemia
- ☐ Kidney Problems
- ☐ Ulcers
- ☐ Colitis
- ☐ Latex Allergy
- ☐ Emphysema
- ☐ Bronchitis
- ☐ COPD
- ☐ Asthma
- ☐ Pneumonia
- ☐ Tuberculosis
- ☐ Hay Fever
- ☐ Allergies
- ☐ Sinus Trouble
- ☐ Arthritis
- ☐ Rheumatism
- ☐ Cortisone or Prednisone
- ☐ Artificial Joint
- ☐ Glaucoma
- ☐ Diabetes
- ☐ Thyroid Problems
- ☐ HIV
- ☐ Hepatitis A, B, C
- ☐ HPV
- ☐ Radiation or Chemotherapy
- ☐ Liver Problems
- ☐ Jaundice
- ☐ Blood Transfusion
- ☐ Hemophilia
- ☐ Drug Abuse
- ☐ Cold Sores/Fever Blisters
- ☐ Genital Herpes
- ☐ Epilepsy or Seizures
- ☐ Fainting or Dizzy Spells
- ☐ Anxiety Attacks
- ☐ Psychiatric Treatment
- ☐ Bruise Easily
- ☐ Sickle Cell Anemia

Do you have shortness of breath or extreme exhaustion after a flight of stairs? _____ Wake up short of breath? _____

Do your ankles swell during the day? _____ Have you lost or gained more than 10 pounds in the last year? _____

Have you ever been diagnosed with cancer or a tumor? _____ If YES, please explain: _____

Do you have any condition not listed? _____ If YES, please explain: _____

WOMEN: Are you pregnant now? _____ On birth control? _____ Anticipate becoming pregnant in the near future? _____

To the best of my knowledge, all of the above answers are true and accurate. I will notify your office of any changes.

Signature _____ Date _____