**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 attempt to manage every possible factor that may be contributing to your disease. 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:Click here to enter text.

Are you in good health: [ ] **Yes** [ ] **No** Date of last Physical Click here to enter a date.

Have you been hospitalized in the past 2 years: [ ] **Yes** [ ] **No** If YES, why Click here to enter text.

Do you smoke or chew tobacco: [ ] **Yes** [ ] **No** If YES, how much and for how long Click here to enter text.

Are you under the care of a physician in the past 2 years: [ ] **Yes** [ ] **No** Reason: Click here to enter text.

Have you taken any medication in the past 2 years **including Aspirin, blood thinners or fish oil**? [ ] **Yes** [ ] **No**

Current Medications: Click here to enter text.

Are you allergic (itching, rash, swelling of the hands, feet or eyes) or made sick by any medications? Click here to enter text.

**Please check any of the following you have had or currently have:**

[ ]  Heart Attack or Disease [ ]  Rheumatic/Scarlet Fever [ ]  HIV

[ ]  Artificial Heart Valve [ ]  Emphysema [ ]  Hepatitis A, B, C

[ ]  Heart Surgery [ ]  Bronchitis [ ]  HPV – Human Papilloma virus

[ ]  Pacemaker [ ]  COPD [ ]  HSV - Herpes Simplex virus

[ ]  Heart Murmur [ ]  Asthma [ ]  Cold sores/fever blisters

[ ]  Angina or Chest Pain [ ]  Pneumonia [ ]  Jaundice

[ ]  Congenital Heart problem [ ]  Tuberculosis [ ]  Blood transfusion

[ ]  Palpitations [ ]  Hay Fever [ ]  Hemophilia

[ ]  High Blood Pressure [ ]  Allergies [ ]  Drug abuse or addiction

[ ]  Stroke [ ]  Sinus trouble [ ]  Liver disease or problems

[ ]  Colitis [ ]  Arthritis [ ]  Radiation or chemotherapy

[ ]  Ulcers [ ]  Rheumatism [ ]  Epilepsy or Seizures

[ ]  Osteoporosis or Osteopenia [ ]  Cortisone or Prednisone [ ]  Fainting or Dizzy Spells

[ ]  Diabetes [ ]  Artificial Joint [ ]  Anxiety attacks

[ ]  Kidney problems [ ]  Glaucoma [ ]  Psychiatric treatment

[ ]  Autoimmune disease [ ]  Anemia [ ]  Bruise easily

[ ]  Latex allergy [ ]  Thyroid problems [ ]  Sickle Cell Anemia

Do you have shortness of breath or exhaustion with mild exertion or do you wake up short of breath: [ ] **Yes** [ ] **No**

Do your ankles swell during the day: [ ] **Yes** [ ] **No** Any unexpected weight loss or gain in the last year: [ ] **Yes** [ ] **No**

Ever diagnosed with Cancer or a Tumor: [ ] **Yes** [ ] **No** If YES, explain: Click here to enter text.

Do you have any condition not listed: [ ] **Yes** [ ] **No** If YES, explain: Click here to enter text.

WOMEN: Are you pregnant now or do you anticipate becoming pregnant in the near future: [ ] **Yes** [ ] **No**

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

**Sign and Date:**

