**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:**

