MEDICAL HISTORY

	Yes	No
1. Are you allergic to any medications?		
2. Have you ever had or have rheumatic fever, a heart murmur, mitral valve prolapse, heart surgery, or a joint replacement?		
3. Have you had a tumor or cancer?		
4. Have you received chemotherapy or radiation treatment?		
5. Have you had any teeth extracted or your tonsils removed? Wisdom teeth?		
6. Have you ever had an anesthetic: local, general, or IV sedation?		
7. Have you ever had a reaction to any anesthetic?		
8. Do you have any problems with your eyes (cataracts or glaucoma)?		
9. Do you have: □earaches □ringing in your ears □loss of hearing		
10. Do you have: □sinus trouble □asthma □hay fever □severe headaches		
11. Do you have: □frequent sore throats □neck pain		
12. Do you have high or low blood pressure?		
13. Have you had a heart attack or pains in your chest?		
14. Have you had tuberculosis or any other lung problem?		
15. Do you have any trouble with your stomach or intestinal tract (such as ulcers, gastritis, or colitis)?		
16. Have you ever had a liver condition such as: □Hepatitis □jaundice □cirrhosis		
17. Have you had: □ kidney or □ bladder trouble		
18. Have you had: □sexually transmitted diseases □ HIV		
19. Have you ever had: □aphthous ulcers □canker or □cold sores or □herpes		
20. Do you have diabetes? If yes, are you controlled by: □Insulin □ Diet □ Nothing □ Meds		
21. Does anyone in your family have diabetes?		
22. Have you ever had seizures or convulsive disorders?		
23. Do you have sore muscles or stiff joints?		
24. Do you have a tendency to bleed longer than normal from small cuts?		
25. Do you have any blood disorder such as anemia, leukemia, or sickle cell?		
26. Have you ever had a blood transfusion?		
27. Please list any surgical procedures you have had.		
28. Do you have allergies: □respiratory □food □metal □latex		
29. Do you have any disease, problem, or condition not listed above?		
30. Are you pregnant? Expected delivery date: _____		
31. Are you a member of one of the following groups: IV drug user, history of hepatitis B, hepatitis B carrier, homosexual or bi-sexual male, hemophiliac, dialysis patient, or blood bank worker?		
32. Have you taken any of these medications in the last six months? a. cortisone or other steroids? b. anticoagulants or blood thinners? c. Tranquilizers or antidepressants? d. Any other medicines or drugs (like nitroglycerin, aspirin, thyroid extract, birth control pills)?		
PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING:		

MEDICAL HISTORY ALERT

COMMENTS: _____

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Have you had trauma to your face or jaws including accidents or surgery?
□Soft tissue □Bone □Teeth Date of injury: _____

Do you have any bad habits that may lead to oral problems?
□Clench your teeth □Grind your teeth
□Chewing on ice □Biting your nails
□Eating hard candies □Gum, mints containing sugar
□Drink a lot of coffee or tea □Suck on lemons
□Bite on pens, pencils □Drink a lot of soft drinks, diet or regular
□Break thread or fishing line with your teeth
□History of tobacco (cigarettes, cigars, pipe, chewing tobacco, snuff)
□If you play sports likely to cause injuries to the mouth, would you be interested in a professional sports guard?
□If snoring is a problem for you or your spouse, would you be interested in a snorguard?