

Name: _____ Date of Birth: _____

Reason for your visit: _____

Your Medical Doctor: _____ Physicians Phone #: _____

Date of Last Physical Exam: _____ (Office use only) BP & HR (1) _____

BP: (2) _____ BP: (3) _____ BP: (4) _____ BP: (5) _____

Y N * Have you had a root canal before? Did you see an Endodontist (specialist)? Y N

Y N * Do you have a hard time getting numb?? Upper teeth _____ Lower Teeth _____

Y N 1. Has there been any change in your general health in the past year?

Y N 2. Are you under the care of a physician for a current problem? If yes, please explain.

Y N 3. Have you been hospitalized within the past five years? Please specify.

Y N 4. Are you taking any medications or drugs? Please list them below. (or copy meds list/card).

Y N 5. Have you received therapy for alcoholism or drug addiction in the past 5 years?

Y N 6. Have you ever had any ALLERGIC or ADVERSE REACTIONS to anesthetics, antibiotics, or any other medications? _____

Y N 7. Have you had abnormal bleeding with previous extractions, surgery, or trauma?

Y N 8. Have you ever required a blood transfusion? _____

Y N 9. Have you ever had surgery and/or radiation for a tumor, growth, or other condition?

Y N 10. Have you ever tested positively for HIV infection or AIDS?

Y N 11. Women Only: Are you pregnant, nursing, or taking birth control pills?

Y N 12. For medical reasons, other than infection, are you required antibiotics prior to dental care?

13. How often do you have headaches? _____

Y N 14. Do you have any disease, condition, or medical problem not listed above or below? Specify.

Y N 15. Do you have, or have you had, any of the following? Please check Y (yes) or N (no)

Y N

- High Blood Pressure
- Heart Murmur or prolapsed valve
- Joint prosthesis (hip, knee, etc)
- Rheumatic Fever or rheumatic heart disease
- Congenital Heart Disease
- Cardiovascular Disease: heart attack, stroke, bypass
- Prosthetic Heart Valves/ PACEMAKER
- Blood disorder (anemia / sickle cell)
- Use tobacco products (smoke or smokeless)
- Asthma
- Allergy to Latex

Y N

- Tuberculosis or Positive TB Tine
- Thyroid Problems
- Diabetes
- Stomach ulcers, colitis
- Hepatitis, jaundice, liver disease
- Kidney Problems
- Psychiatric Treatment
- Fainting spells or seizures
- Epilepsy
- Cancer
- Temporomandibular Joint (TMJ)

Signature: _____ Date: _____