Patient Name_____ Date _____

Date of Birth_____ Referring Doctor _____

# MEDICAL HISTORY

Do you want nitrous oxide (laughing gas) with your treatment? Yes_____ No_____

Are you currently under the care of a physician? ❑ Yes

Please explain: _____

Are you taking any prescriptions/over-the-counter drugs? ❑ Yes

Please list each one: _____

Are you currently taking a prescription blood thinner? ❑ Yes

Are you taking or scheduled to begin taking an antiresorptive agent (like Fosamax, Actonel, Boniva, Prolia) ❑ Yes

**For women** Are you taking birth control pills? ❑ Yes

Are you pregnant? ❑ Yes Week#_____

**Have you ever had any of the following diseases or medical problems?** *Please circle*

| | | |
|---|---|---|
| Heart Failure | Emphysema | Liver Disease |
| Heart Disease or Attack | Tuberculosis | A.I.D.S. - H.I.V. |
| Angina Pectoris | Asthma | Blood Transfusion |
| High Blood Pressure | Anemia | Drug Addiction |
| Heart Murmur | Sinus Trouble | Free Bleeding |
| Rheumatic Fever | Allergies or Hives | Venereal Disease |
| Congenital Heart Lesions | Diabetes | Epilepsy or Seizures |
| Stroke | Ulcers | Fainting or Dizzy Spells |
| Artificial Heart Valve | Radiation | Fever Blisters/Herpes |
| Heart Pacemaker | Chemotherapy | Psychiatric Treatment |
| Heart Surgery | Pain in Jaw Joints | Sickle Cell Disease |
| Mitral Valve Prolapse | Bruise Easily | Illicit Drug Use |
| Steroid Treatment | Glaucoma | Kidney Disease |
| Hypothyroid | Retinal Surgery | Sleep Apnea |
| Cardiac Defibrillator | Prosthetic Hip or Joints | |
| Hyperthyroid | Hepatitis | |

Please list other medical conditions/surgeries that you have had in the past.

_____

**ARE YOU ALLERGIC TO ANY OF THE FOLLOWING DRUGS?**

***Please check Yes***

| | |
|---|---|
| ❑ Yes PENICILLIN | ❑ Yes DENTAL ANESTHETICS |
| ❑ Yes ASPIRIN | ❑ Yes CODEINE |
| ❑ Yes ERYTHROMYCIN | ❑ Yes LATEX |
| ❑ Yes TETRACYCLINE | ❑ Yes OTHER_____ |

**OFFICE USE ONLY**

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| R | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | L |
| | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | |