MEDICAL & DENTAL HISTORY FORM

PERSONAL			
Name		Email	
Address		Home Phone #	
City, State, Zip		Work Phone #	
Birth date		Cell Phone #	
Marital status		Social Security #	
Referred by		Date of last dental visit	

DENTAL HISTORY			
1.	Are you having any dental discomfort at this time?	☐ yes	☐ no
2.	Have you ever been treated by an orthodontist?	☐ yes	☐ no
3.	Have you ever been treated for gum disease?	☐ yes	☐ no
4.	Do you use tobacco (smoking or chewing)?	☐ yes	☐ no
5.	Do you have any dental implants?	☐ yes	☐ no
6.	Have you ever experienced complications following dental treatment?	☐ yes	☐ no
7.	Have you ever had a reaction to dental anesthetic?	☐ yes	☐ no
8.	Do you have any concerns about color, shape, or wear of your teeth?	☐ yes	☐ no

MEDICAL HISTORY			
Date of last medical exam			
Do you need to be pre-medicated (antibiotics) for any of the following conditions?			
1.	Mitral Valve Prolapse?	☐ yes	☐ no
2.	Damaged or artificial heart valves?	☐ yes	☐ no
3.	Artificial joint or limb replacement? Date of replacement:	☐ yes	☐ no
4.	Any other conditions?	☐ yes	☐ no

Please indicate if you have experienced any of the following:

☐ Acid Reflux	☐ Fainting	☐ Multiple Sclerosis
☐ Aids/HIV	☐ Handicaps/Disabilities	☐ Pacemaker
☐ Anemia	☐ Head Injuries	☐ Respiratory Problems
☐ Arthritis	☐ Hearing Impairment	☐ Rheumatic Fever
☐ Asthma	☐ Heart Attack	☐ Sexually Transmitted Disease
☐ Auto Immune Disease	☐ Heart Disease	☐ Sinus Problems
☐ Blood Disease	☐ Heart Murmur	☐ Stroke
☐ Cancer	☐ Hepatitis	☐ Thyroid Condition
☐ Diabetes	☐ High Blood Pressure	☐ Tuberculosis
☐ Eating Disorders	☐ High Cholesterol	☐ Ulcers
☐ Environmental allergies	☐ Jaundice	☐ Other Conditions:
☐ Epilepsy/Seizures	☐ Kidney Disease	☐ Drug allergies – List:
☐ Excessive Bleeding	☐ Liver Disease	

Have you ever taken a bone enhancing drug for osteoporosis or chemotherapy?			
Are you currently being treated by a physician?			
List any medications you are currently taking:			
Women only: Are you pregnant?	☐ yes	☐ no	Due date:

Signature		**Date**	

Dickens, Mason & Kissell, DDS Ltd.