Patient's Name _____ Date of Birth _____

Previous Dentist _____ Reason for today's visit _____

Date of last dental care _____ Last dental x-rays _____

Please check (✓) if you have had trouble with any of the following:

- ❑ Bad Breath
- ❑ Bleeding Gums
- ❑ Clicking or Popping Jaw
- ❑ Food collection between teeth
- ❑ Grinding Teeth
- ❑ Loose Teeth or Broken Fillings
- ❑ Periodontal Treatment
- ❑ Sensitivity to Cold
- ❑ Sensitivity to Heat
- ❑ Sensitivity to Sweets
- ❑ Sensitivity when Biting
- ❑ Sores or growths in your mouth

How often do you floss? _____ How often do you brush? _____

Physician's name _____ Date of last visit _____

Previous hospitalizations, illnesses, or operations (please describe, and give approximate date)

_____

Have you ever had a blood transfusion? ❑ Yes ❑ No If yes, please give approximate date _____

Women: Are you pregnant? ❑ Yes ❑ No Nursing? ❑ Yes ❑ No Taking birth control pills? ❑ Yes ❑ No

Please check (✓) if you have or have had any of the following:

- ❑ AIDS
- ❑ Alcohol use
- ❑ Anemia
- ❑ Arthritis, Rheumatism
- ❑ Artificial Heart Valves
- ❑ Artificial Joints
- ❑ Asthma
- ❑ Back Problems
- ❑ Blood Disease
- ❑ Cancer
- ❑ Chemical Dependency
- ❑ Chemotherapy
- ❑ Circulatory Problems
- ❑ Cortisone Treatments
- ❑ Cough, Persistent
- ❑ Cough up Blood
- ❑ Diabetes
- ❑ Epilepsy
- ❑ Fainting
- ❑ Glaucoma
- ❑ Headaches
- ❑ Heart Murmur
- ❑ Heart Problems

  Describe _____
- ❑ Hemophilia
- ❑ Hepatitis
- ❑ High Blood Pressure
- ❑ HIV Positive
- ❑ Jaw Pain
- ❑ Kidney Disease
- ❑ Liver Disease
- ❑ Low Blood Pressure
- ❑ Mitral Valve Prolapse
- ❑ Nervous Problems
- ❑ Pacemaker
- ❑ Psychiatric Care
- ❑ Radiation Treatment
- ❑ Respiratory Disease
- ❑ Rheumatic Fever
- ❑ Scarlet Fever
- ❑ Shortness of Breath
- ❑ Skin Rash
- ❑ Stroke
- ❑ Swelling of Feet or Ankles
- ❑ Thyroid Problems
- ❑ Tobacco Habit
- ❑ Tonsillitis
- ❑ Tuberculosis
- ❑ Ulcer
- ❑ Venereal Disease

Please list any medications you are currently taking _____

Please list any allergies _____

Comments

I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND ACCURATE

SIGNATURE _____

ANEST.

HEALTH HISTORY

MED. ALERT.