



Date: _____

Medical History and Dental Interview

Last Name: _____ First Name: _____ Birthdate: _____

Name of Medical Doctor: _____ City/State: _____

Emergency Contact _____ Phone _____ Relationship _____

List all medications that you are now taking:

_____	_____
_____	_____
_____	_____
_____	_____

Are you allergic to any of the following?

Y N

Anesthetic

Aspirin

Codeine

Ibuprofen

Acrylic

Y N

Metals

Latex

Penicillin

Sulfa

Any other Rx Allergies? _____

Do you have any of the following medical conditions?

Y N

Kidney Disease

Liver Disease

Rheumatic Fever

Stroke

Bleeding Problems

Cancer

Diabetes

Heart Murmur

Heart Trouble

High Blood Pressure

Joint Replacement

AIDS/HIV

Tuberculosis

Y N

Limited Jaw Opening

Jaw Pain

Asthma

Headaches

Sinus Trouble

Dizziness

Ulcers

Clenching

Grinding

Facial Pain

Neck Pain

Bell's Palsy

Other Medical Conditions? _____

Other Medical Questions?

Do you use tobacco products? If yes, what and how often, how long? _____

Do you use antidepressants or sleeping pills? If yes, list name(s)

Do you have Sleep Apnea / Snore Issues? _____

Are you pregnant? If yes, when is your due date? _____



Prior Dentist:

Name of Former Dentist? _____ City/State _____

Date of last dental visit? _____

Date of last dental cleaning? _____

Do you have a Panormaic x-ray or full mouth x-rays that are less than 5 years old? Yes No

Do you have Bite Wing x-rays that are less than 1 year old? Yes No

We believe helping you determine your present and future dental needs is the most important service we offer. Please answer the below questions to the best of your ability.

Are you currently in pain? Yes No

What is the primary reason you scheduled an appointment today? _____

What are your primary concerns related to your oral health? _____

On a scale of 1 ("wait till it hurts") to 5 ("nip it in the bud early"), how preventative or proactive would you to take care of your dental health?

1 2 3 4 5

How often do you brush? _____

How often do you floss? _____

Are you nervous / apprehensive about dental work? _____

Signature: