MEDICAL/DENTAL QUESTIONNAIRE

Patient Name: _____

Date of Birth _____ Date _____

Your answers are for our records only and will be confidential except where disclosure is required by law.

Special Considerations:

MEDICAL QUESTIONS:

1.	Have there been any changes in your health in the past year?	Y	N
2.	Are you under the care of a physician?	Y	N
3.	Have you had any serious illnesses or operations?	Y	N
4.	Have you ever taken weight-loss medication?	Y	N
5.	Females: Are you pregnant?	Y	N
6.	Do you use any tobacco products?	Y	N

Explain any 'yes' answers:

_____

_____

7. Please check if you have (or have had) any of the following problems:

☐ AIDS / HIV Positive
☐ Anemia
☐ Anorexia/Bulimia
☐ Arthritis
☐ Artificial heart valve(s)
☐ Artificial joint(s)
☐ Asthma
☐ Back problems
☐ Blood disease
☐ Cancer
Describe _____
_____
☐ Chemical dependency
☐ Chemo/radiation therapy
☐ Circulation problems
☐ Cortisone treatments
☐ Cough, persistent or bloody
☐ Diabetes
☐ Emphysema
☐ Epilepsy
☐ Fainting
☐ Headaches, frequent/severe
☐ Hearing loss
☐ Heart murmur
☐ Heart, any problems
Describe _____
_____
☐ Hemophilia
☐ Herpes
☐ Hepatitis A B C D
☐ High blood pressure
☐ Jaundice
☐ Jaw pain
☐ Kidney disease
☐ Liver disease
☐ Low blood pressure
☐ Mitral valve prolapse
☐ Nervous problems
☐ Pacemaker
☐ Psychiatric care
☐ Respiratory disease
☐ Rheumatic fever
☐ Scarlet Fever
☐ Seizure disorders
☐ Shingles
☐ Shortness of breath
☐ Sinus problems
☐ Stroke
☐ Surgical implants
☐ Swelling, feet or ankles
☐ Thyroid problems
☐ Tuberculosis
☐ Ulcers/colitis/acid reflux
☐ Vision Impairment
☐ Other
Describe _____
_____
☐ **NONE OF THESE**

8. Allergies/Sensitivity:

☐ Anesthetic
☐ Aspirin
☐ Penicillin
☐ Codeine
☐ Sulfa
☐ Iodine
☐ Latex
☐ Nickel
☐ Other _____
☐ **NONE OF THESE**

9. List any medications (prescription, non-prescription, and/or vitamins) you are currently taking:

_____
_____
_____
_____

10. Pre-medication required before dental treatment? Y N

Prescribing Physician _____

Dosage/Time taken _____

I CERTIFY THIS MEDICAL INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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Patient or Guardian

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