

Capital City Periodontics Medical History

Patient Name:

Birth Date:

Date Created:

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

Are you under a physician's care now? Have you ever been hospitalized or had a major operation? Have you ever had a serious head or neck injury? Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? Are you taking any anticoagulants/blood thinners (including aspirin)? Are you taking any additional prescription or over the counter medications, pills, or drugs? Do you take, or have you taken, Phen-Fen or Redux? Do you use any type of tobacco product? If yes, please indicate frequency.

Women: Are you...

Pregnant/Trying to get pregnant? Nursing? Taking oral contraceptives?

Are you allergic to any of the following?

Aspirin Penicillin Codeine Acrylic Metal Latex

Do you use controlled substances? Other?

Do you have, or have you had, any of the following?

AIDS/HIV Positive Alzheimer's Disease Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizziness Frequent Cough Frequent Diarrhea Frequent Headaches Low Blood Pressure Lung Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease Cortisone Medicine Diabetes Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Swelling of Limbs Thyroid Disease Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Yellow Jaundice Hemophilia Hepatitis A Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Cancer Chemotherapy Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/Disease Radiation Treatments Anaphylaxis Anemia Angina Arthritis Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problems Bruise Easily Glaucoma Mitral Valve Prolapse Osteoporosis Pain in Jaw Joints Parathyroid Disease Psychiatric Care

Have you ever had any serious illness not listed

Do you require specific accommodations?

Empty text box for accommodations.

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

Signature of Patient, Parent or Guardian:

X

Date: