

# PATIENT MEDICAL AND DENTAL HISTORY



ARE YOU NOW TAKING OR HAVE YOU TAKEN ANY PRESCRIPTION DRUGS DURING THE PAST YEAR? (PLEASE LIST) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A side effect of some medications is **dry mouth.** This directly affects your oral health.

ARE YOU ALLERGIC TO OR HAVE YOU HAD REACTIONS TO ANY OF THE FOLLOWING?

Penicillin    Erythromycin    Codeine    NSAIDS    Tylenol    Benzocaine    Lidocaine  
Sulfa    Clindamycin    Vicodin    Ibuprofen    Aspirin    Citanest    Local Anesthetic  
Other \_\_\_\_\_



ARE YOU HAVING ANY DISCOMFORT AT THIS TIME? YES    NO    (IF YES DESCRIBE)

HOW LONG SINCE YOUR LAST DENTAL VISIT? \_\_\_\_\_

DO YOU USE THE FOLLOWING? BRUSH\_\_\_\_\_ FLOSS\_\_\_\_\_ MOUTHRINSE \_\_\_\_\_

ELECTRIC BRUSH \_\_\_\_\_ TOOTHPASTE \_\_\_\_\_ PROXA BRUSH \_\_\_\_\_ WATER PIK \_\_\_\_\_

PREVIOUS DENTIST NAME? \_\_\_\_\_ PHONE NO. \_\_\_\_\_

WHEN WAS THE LAST TIME YOU HAD X-RAYS TAKEN? \_\_\_\_\_

ARE YOU APPREHENSIVE ABOUT DENTAL TREATMENT? \_\_\_\_\_

DO YOU HAVE, OR HAVE YOU EVER HAD ANY OF THE FOLLOWING? (PLEASE CIRCLE)

BLEEDING/SORE GUMS    LOOSE TEETH    GUM TREATMENT    UNPLESANT TASTE

BAD BREATH    COLD SORES    HOT/COLD SENSITIVE TEETH    JAW PAIN

BROKEN TEETH    JAW POPPING/CLICKING    EAR PAIN    MUSCLE TENDERNESS IN JAW

FREQUENT HEADACHES    ORTHODONTIC TREATMENT    ORAL SURGERY

CROWNS/BRIDGES    DENTAL IMPLANTS    DENTURES    MISSING TEETH    FOOD TRAPS

ROOT CANALS    SWELLING IN MOUTH    GRIND OR CLENCH YOUR TEETH

WHOM MAY WE THANK YOU FOR REFERRING YOU TO OUR OFFICE? \_\_\_\_\_