MEDICAL/DENTAL HISTORY

Your medical history has a direct bearing on your dental health. Please provide us with detailed medical history.

Do you SMOKE or use smokeless tobacco? Y N

Do you BLEED easily? Y N

Are you on BLOOD thinners? Y N

Do you take any of the following?
(circle)

Aspirin	Plavix
Advil	Coumadin
Aleve (Naprosyn)	Effient
Motrin (ibuprofen)	BC Powder
NSAIDS (arthritis meds)	Fish oil
Vitamin E	Or any other blood thinners?

Do you have or have you had any of the following:

Heart Stints	Tuberculosis TB
Heart attack/stroke	Cancer/Tumors
Pacemaker	Glaucoma
Angina Pertoris	Venereal Disease
Heart Murmur	Bruise easily
High blood pressure	Emphysema
Artificial Valve	Asthma
Mitral Valve Prolapse	Allergies
Heart Surgery	Diabetes
Artificial Joints (hip, knee)	Thyroid Disease
Kidney Trouble	Radiation Treatment
Ulcers	Arthritis
AIDS/HIV Pos.	Cortisone Medicine
Rheumatic Fever	Alcoholism
Hepatitis	Cosmetic Surgery
Liver Disease	Blood Transfusion
Drug Addiction	Hemophilia
Epilepsy or Seizures	Nervousness
Chemotherapy (cancer, leukemia)	Osteoporosis

Are you ALLERGIC to any of the following:

Aspirin Codeine Penicillin Erythromycin
Nitrous Oxide Local Anesthetic Sulfar Latex
Others: _____

Family Physician: _____

Phone: _____

Cardiologist: _____

Oncologist: _____

Are you currently taking oral or IV Bisphosphonates for treatment of Osteoporosis or Bone Metastasis?

Fosamax	Aredia	Didronel
Actonel	Zometa	Skelid
Boniva	Reclast (zoledronic acid) by IV	

Do you Pre-medicate with antibiotic before dental procedure? Y N

If yes, why?_____

List any prescription and non-prescription medications you are currently taking?

Pharmacy Name: _____ **Phone Number:** _____

Emergency Contact: _____ **Phone Number:** _____

TO THE BEST OF MY KNOWLEDGE, THE ABOVE MEDICAL INFORMATION IS TRUE AND CORRECT as of my initial visit.

DATE:_____ **SIGNATURE:**_____

OFFICE USE

I HAVE reviewed, informed and/or updated the office of any MEDICAL & MEDICATION HISTORY and made any changes that were necessary to this medical history. (initial & date)

_____ _____ / _____ _____ / _____ _____ / _____ _____ / _____ _____

_____ _____ / _____ _____ / _____ _____ / _____ _____ / _____ _____

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