summercrest dental

MEDICAL HISTORY QUESTIONNAIRE

Patient name: _____

Physician name: _____Phone: _____

Are you under a physician's care now? ☐yes ☐no Please list reason: _____

Are you taking any medications or supplements, over-the-counter or prescribed? ☐yes ☐no ☐ Medication List Attached **OR**

Name Dosage Frequency

_____

_____

Have you ever been hospitalized or had a major operation? ☐yes ☐no

Please list: _____ Date: _____

Please list: _____ Date: _____

Do you smoke or use chewing tobacco? ☐yes ☐no Do you or have you used recreational or illegal drugs? ☐yes ☐no

Are you allergic or had an unusual reaction to any of the following?

☐Aspirin ☐Penicillin ☐Codeine ☐Local anesthetic ☐Acrylic ☐Sulfa ☐Latex ☐ Metal ☐Other_____

Women: Are you: ☐ pregnant/trying to get pregnant? ☐ nursing? ☐ taking oral contraceptives?

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

☐AIDS/HIV Positive	☐Chemotheraphy	☐Heart Pacemaker*	☐Radiation Treatments
☐Alcoholism	☐Chest Pains	☐Hemophilia	☐Rheumatic Fever*
☐Alzheimer's Disease	☐Cold Sores/Fever Blisters	☐Hepatitis A, B or C (circle one)	☐Scarlet Fever
☐Anaphylaxis	☐Convulsive seizures	☐Herpes	☐Shingles
☐Anemia	☐Diabetes	☐High Blood Pressure	☐Sinus Problems
☐Angina	☐Emphysema	☐Hemodialysis	☐Stomach Problems
☐Arthritis	☐Epilepsy	☐Hypoglycemia	☐Stroke
☐Artificial Heart Valve*	☐Frequent cough	☐Jaundice	☐STD/Venereal Disease
☐Artificial Joint*	☐ Frequent headaches/migraines	☐Kidney Problems	☐Thyroid Disease
☐Asthma	☐Gout	☐Leukemia	☐TMJ / TMD
☐Blood Disease	☐Glaucoma	☐Liver Disease	☐Tonsillitis
☐Blood Transfusion	☐Heart Attack	☐Low Blood Pressure	☐Tuberculosis
☐Bronchitis	☐Heart Disease	☐Mitral Valve Prolapse*	☐Ulcers
☐ Cancer _____	☐Heart Murmur*	☐Pain in Jaw Joints	☐Other_____

*If you marked any of the starred items above, do you take a prophylactic antibiotic prior to dental procedures? ☐yes ☐no

To the best of my knowledge, all of the preceding answers and information provided are true and correct. I understand that providing incorrect information can be dangerous to my (or patient's) health. If I ever have a change in my health, I will inform the doctor at the next appointment without fail.

X_____

Patient Signature (or guardian)