	Primary reason for this dental appointment: Examination Emergency Consultation		
	Dental History	Please	Circle
	Do you have a specific dental problem? Describe	Yes	No
	Do you have dental examinations on a routine basis? Last visit	Yes	No
	Do you think you have active decay or gum disease?	Yes	No
	Do you brush and floss on a routine basis? Discuss	Yes	No
	Do your gums ever bleed? Discuss	Yes	No
	Do you like your smile? Why?	Yes	No
	Does food catch between your teeth? Any loose teeth?	es	No
	Do you want to keep your remaining teeth?	S	No
	Do you ever have clicking, popping or discomfort in the jaw joint? Do you brux or grind?	Yes	No
	Do you smoke or chew? Any sores or growths in your mouth? Discuss		No
			INO
	Name of previous dentist (optional):		-
_	Medical History		
1000			
	Are you under a physician's care now? Why?	05	No
	Have you ever been hospitalized or had a major operation? Discuss		No
	Have you ever had a serious injury to your head or neck? Discuss Are you taking any medications, pills or drugs? What?		No
	Are you on a special diet? Discuss	Yes	No No
	Are you allergic to any medications or substance use che		No
		165	INO
	Women (Please check): Pregnant/trying to I akin traceptives Discuss	Yes	No
	Do you now have or hav and any of ch oprime boxes. *If yes to any of the star olease co o intropremedication may be required.		
	Yes No Yes No	Ye	s No
	Hear gery* Se Disease Emplina Se Vellow Jaundice Cold Sores Se Disease Emplina Se Disease Emplished Emp		
1	Dierculosis	STATE OF THE STATE	
	a/Chest Pain		
W	Chemotherapy Parathyroid Disease Convulsions Stomach/Intestinal Disease Arthritis/Gout Epilepsy or Seizures	_	
V	Blood Transfusion Ulcers Rheumatism Fainting or Dizziness		
	g of Limbs		
	Rheumatic Fever *		
	H Shortness of Breath	F	
	Pulm Frequent Cough Hypoglycemia AlDS Alzheimer's Disease		
	High Blood Pressure		
	Bacterial Endocarditis		
	Unexplained Fever		
	Ever taken fen-phen?		
	Have you ever had any other serious illness not checked above? Discuss	Yes	No
	Do you wish to talk to the dentist privately about any problem?	Yes	
	To the best of my knowledge, all the preceding answers are correct. If I have any changes in my health status or if my medicines change, I shall inform the dentist and staff at the next appointment.	ent with	out fail.
	XDate		
	PATIENT SIGNATURE (PARENT OR GUARDIAN)		
	Reviewed By Doctor Date BP Pulse		
	History Review and Significant Findings		
ı	Medical Updates		
	I have read my MEDICAL HISTORY dated and confirm that it adequately states past and present conditions.		
	DATE EXCEPTIONS PATIENT'S SIGNATURE BP PULSE REVIEWED B'	V	
	None Dr.		
	None □ Dr.		
	None Dr.		
	None Dr.		
	None Dr.		
	None Dr.		
	NOID U		
STATE OF TAXABLE PARTY.		STREET, SQUARE,	MARKETS AND

PATIENT NAME ______ DATE _____