

Medical History Form for Lenz Family Dental updated Jan 2016 (1)

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 currently under a physician's care for a medical condition (besides routine/annual exams)?
Have you been diagnosed with any special needs condition(s) or disorder(s)? If so, what type?
Have you ever been hospitalized or had a major operation?
Have you ever had a serious head or neck injury?
Are you taking any medications, pills, or drugs?
Do you take, or have you taken, Phen-Fen or Redux?
Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?
Are you on a special diet?
Do you smoke or use chewing tobacco?
Do you use controlled substances?

Women: Are you...

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

Are you allergic to any of the following?

Aspirin Penicillin Codeine Acrylic
Metal Latex Local Anesthetics Clindamycin
Amoxicillin Other

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

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

**If you have an artificial joint, do you require pre-medication for your dental appointments?
Have you ever had any serious illness not listed

Comments:

[Empty text box for comments]

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: _____