

Capitol Dental Center Medical History

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 under a physician's care now?
Have you ever been hospitalized or had a major operation?
Have you ever had a serious head or neck injury?
Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?
Do you use tobacco?
Are you taking any medications, pills, or drugs?

List of current medications you are taking:

Empty text box for listing current medications.

Women: Are you...

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

Are you allergic to any of the following?

- Aspirin, Metal, Penicillin, Latex, Codeine, Sulfu Drugs, Acrylic, Local Anesthetics

Other? If yes

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

- AIDS/HIV Positive, Alzheimer's Disease, Hepatitis B or C, Herpes, High Blood Pressure, Scarlet Fever, Shingles, Sickle Cell Disease, Sinus Trouble, Blood Transfusion, Frequent Headaches, Low Blood Pressure, Lung Disease, Mitral Valve Prolapse, Osteoporosis, Pain in Jaw Joints, Ulcers, Cortisone Medicine, Diabetes, Renal Dialysis, Rheumatic Fever, Arthritis/Gout, Artificial Heart Valve, Asthma, Blood Disease, Leukemia, Liver Disease, Swelling of Limbs, Thyroid Disease, Tonsillitis, Tuberculosis, Tumors or Growths, Convulsions, Hemophilia, Anaphylaxis, Anemia, Angina, Epilepsy or Seizures, Excessive Bleeding, Excessive Thirst, Fainting Spells/Dizziness, Frequent Cough, Stomach/Intestinal Disease, Stroke, Cancer, Chemotherapy, Chest Pains, Cold Sores/Fever Blisters, Congenital Heart Disorder, Heart Trouble/Disease, Radiation Treatments, Drug Addiction, Easily Winded, Emphysema, High Cholesterol, Hives or Rash, Hypoglycemia, Irregular Heartbeat, Kidney Problems, Breathing Problems, Bruise Easily, Glaucoma, Hay Fever, Heart Attack/Failure, Heart Murmur, Heart Pacemaker, Psychiatric Care

Have you ever had any serious illness not listed? If yes

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: