

# MEDICAL HISTORY QUESTIONNAIRE

*The following information is essential for our staff to provide dental care in a manner that is compatible with your general health. Your cooperation in providing accurate information is necessary to safely and efficiently protect your dental needs. Incorrect information can be dangerous to your health.*

**Yes      No**

1. Are you in good health? .....
2. Have you been a patient in the hospital in the last two years? .....
3. Have you been under the care of a medical doctor during the past two years? .....
4. Are you having pain or discomfort at this time? .....
5. Do you feel nervous about having dental treatment? .....
6. Do you need antibiotic premedication before dental treatment? .....
- List the condition: \_\_\_\_\_
7. **WOMEN ONLY:** Are you pregnant now? .....
- Are you taking birth control pills? .....
8. List medications you take (including aspirin, and over the counter medications):

9. Are you allergic to any of the following?  
Aspirin    Codeine    Lidocaine    Erythromycin    Sulfa    Penicillin    Tetracycline    Latex

**10. Please circle any of the following that you have had or have at the present:**

**MEDICAL:**

AIDS/HIV Positive	Diabetes	Mitral Valve Prolapse
Anaphylaxis	Drug Dependent	Nervous Problems
Anemia	Epilepsy	Pacemaker
Arthritis	Excessive Bleeding	Persistent Diarrhea
Artificial Heart Valve	Fainting	Psychiatric Care
Artificial Joint	Heart Murmur	Rapid Weight Loss
Asthma	Heart Problems	Radiation Treatment
Allergies	Hemophilia	Respiratory Disease
Back Problems	Herpes	Stress
Blood Disease	Hepatitis	Stroke
Cancer	High Blood Pressure	Surgical Implants
Chemotherapy	Jaundice	Thyroid Disease
Circulatory Problems	Kidney Disease	Tonsillitis
Cortisone	Liver Disease	Tuberculosis
Congenital Heart Lesions	Lupus	Ulcer/colitis
Cough, persistent	Migraine Headaches	Venereal disease

**DENTAL:**

Abscess in mouth	Clenching/grinding teeth	Pain in jaw joint
Any food traps	Cold sores/canker sores	Sensitive gums
Bad breath	Difficulty chewing	Sensitive to hot/cold/sweets
Bad tastes	Dry mouth	Stained teeth
Bite nails/objects	Gag easily	Swelling
Bleeding gums	Infection in gums	Tobacco use
Blisters	Loose teeth	Unusual noises when eating
Chew on one side	Missing teeth	Head/neck/jaw injuries

***To the best of my knowledge, all of the preceding answers are true and correct. If I ever have any change in my health or if my medicines change, I will inform the dentist at the next appointment, without fail.***

Date
Signature of Patient