

Medical History



GARDEN GROVE
DENTAL & ORTHODONTICS

Patient Name (Required) _____

Email (Required) _____ DOB _____

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 relationship with the dentistry you will receive. Thank you for answering the following questions.

Yes No

- 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?
- Are you taking any medications, pills, or drugs?
- Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?
- Are you on a special diet?
- Do you use tobacco?
- Do you use controlled substances?

Women, are you...

Yes No

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

Are you allergic to any of the following?

Yes No

- Aspirin
- Penicillin
- Codeine

Yes No

- Acrylic
- Metal
- Latex

Yes No

- Sulfa Drugs
- Local Anesthetics

Other?

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

Yes No

- AIDS/HIV Positive
- Cortisone Medicine
- Alzheimer's Disease
- Diabetes
- Anaphylaxis
- Drug Addiction
- Anemia
- Easily Winded
- Angina
- Emphysema
- Arthritis/Gout
- Epilepsy or Seizures
- Artificial Heart Valve
- Excessive Bleeding
- Artificial Joint
- Excessive Thirst
- Asthma
- Fainting Spells/Dizziness
- Blood Disease
- Frequent Cough
- Blood Transfusion
- Frequent Diarrhea
- Breathing Problems
- Frequent Headaches
- Bruise Easily
- Genital Herpes
- Cancer
- Glaucoma
- Chemotherapy
- Hay Fever
- Chest Pains
- Heart Attack/Failure
- Cold Sores/Fever Blisters
- Heart Murmur

Yes No

- Congenital Heart Disorder
- Heart Pacemaker
- Convulsions
- Heart Trouble/Disease
- Hemophilia
- Radiation Treatments
- Hepatitis A
- Recent Weight Loss
- Hepatitis B or C
- Renal Dialysis
- Herpes
- Rheumatic Fever
- High Blood Pressure
- Rheumatism
- High Cholesterol
- Scarlet Fever
- Hives or Rash
- Shingles
- Hypoglycemia
- Sickle Cell Disease
- Irregular Heartbeat
- Sinus Trouble
- Kidney Problems
- Spina Bifida
- Leukemia
- Stomach/Intestinal Disease
- Liver Disease
- Stroke
- Low Blood Pressure
- Swelling of Limbs
- Lung Disease
- Thyroid Disease
- Mitral Valve Prolapse
- Tonsillitis

Yes No

- Osteoporosis
- Tuberculosis
- Pain in Jaw Joints
- Tumors or Growths
- Parathyroid Disease
- Ulcers
- Psychiatric Care
- Venereal Disease
- Yellow Jaundice
- Have you ever had any serious illness not listed above?

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