NORTH VAN DENTAL

PATIENT MEDICAL HISTORY

Patient's name: ______________________________ Date of birth: ______________________

Although dental personnel primarily treat the area in and around your mouth, your mouth is 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 that you will be receiving. Thank you for answering the following questions.

YES NO

1. Are you in good health
2. Have there been any changes in your health within the past year
3. Date of your last physical exam ____________
4. Physician's name ____________
   Address ____________
   Phone No. ____________
5. Are you now under the care of a physician
6. Have you ever been hospitalized for any surgical operation or serious illness
   Please explain ____________
7. Are you taking any medicine(s) including non-prescription medicine
   If yes, what medicine(s) are you taking
   ____
8. Have you had any abnormal bleeding
9. Do you bruise easily
10. Have you ever required a blood transfusion
11. Have you had a recent weight loss
12. Have you ever taken Fen-Phen or Redux
13. Do you use tobacco
14. Do you or have you used controlled substances
15. Are you wearing contact lenses
16. Do you have any disease, condition or problem not listed above you think I should know about

WOMEN ONLY

Are you pregnant or think you may be pregnant

Are you nursing

Are you taking birth contorl pills

Are you allergic to or have you had reactions to:

- Local anesthetics like novocaine
- Penicillin or other antibiotics
- Sulfa drugs
- Barbiturates, sedatives or sleeping pills
- Aspirin
- Iodine
- Any metals (e.g. nickel, mercury, etc.)
- Latex / rubber
- Other (please list) ____________

Check if applicable

Do you have or have you ever had the following:

- Rheumatic heart disease or Rheumatic fever
- Scarlet fever
- Heart defect or heart murmur
- Heart trouble, heart attack or Angina
- Chest pain
- Shortness of breath
- Pacemaker
- Heart surgery
- High/low blood pressure
- Congenital heart problem
- Swelling of feet, ankles, hands
- Hepatitis, jaundice or liver disease
- Stroke
- Sinus trouble
- Lung or breathing problems
- Asthma or hay fever
- Hives or skin rash
- Fainting or dizzy spells
- Diabetes
- AIDS or HIV infection
- Thyroid problems
- Allergies
- Arthritis or Rheumatism
- Joint replacement or implant
- Stomach ulcer
- Kidney trouble
- Tuberculosis
- Persistent cough
- Cough that produces blood
- Chemotherapy (cancer, leukaemia)
- Sexually transmitted disease
- Epilepsy or seizures
- Anemia
- Glaucoma
- Nervousness
- Tonsillitis
- Tumors
- Mental health care
- Back problems
- Chemical dependency
- Mitral valve prolapse
- Cortisone treatment
- Cold sores/fever blisters
- Hypoglycaemia
- Eating Disorder