Medical History for New Patient

Last Name: First Name: Birthdate:

Name of Medical Doctor: ________________ City/State: ________________

Emergency Contact ________________ Phone ________________ Relationship ________________

List all medications that you take:

1 ________________
2 ________________
3 ________________
4 ________________
5 ________________
6 ________________
7 ________________
8 ________________
9 ________________
10 ________________
11 ________________
12 ________________
13 ________________
14 ________________
15 ________________

Are you allergic to anything? ☐ Yes ☐ No

Please mark whether or not you have the following allergies.

Y	N	
☐	☐	Local Anesthetics
☐	☐	Aspirin
☐	☐	Codeine
☐	☐	Ibuprofen, naproxen or NSAIDS
☐	☐	Iodine
☐	☐	Latex
☐	☐	Penicillin or Amoxicillin
☐	☐	Sulfa
☐	☐	Morphine
☐	☐	Keflex or other Cephalosporins
☐	☐	Other Drug Allergies
☐	☐	Other Food or Environmental Allergies

Do you have any of the following medical conditions?

Y	N		Y	N	
☐	☐	Asthma	☐	☐	Kidney Disease
☐	☐	Bleeding Problems	☐	☐	Kidney Failure or Dialysis
☐	☐	Cancer	☐	☐	Liver Disease
☐	☐	Diabetes	☐	☐	Hepatitis
☐	☐	Heart Murmur	☐	☐	Sinus Trouble
☐	☐	Heart Attack	☐	☐	Stroke
☐	☐	High Blood Pressure	☐	☐	Ulcers
☐	☐	Heart Failure	☐	☐	Rheumatic Heart Disease
☐	☐	Artificial Heart Valves	☐	☐	Sleep Apnea or gasp for air when sleeping
☐	☐	Irregular heartbeat or palpitations	☐	☐	Family or personal problem with anesthesia
☐	☐	COPD or other Lung Disease	☐	☐	Thyroid Disease
☐	☐	Smoke Tobacco	☐	☐	Skin Disease
☐	☐	Smoke Other Drugs	☐	☐	Arthritis
☐	☐	Pacemaker or Defibrillator	☐	☐	AIDS or HIV
☐	☐	Radiation treatment	☐	☐	Psychiatric Treatment
☐	☐	Pregnant Now / Could Possibly be Pegant	☐	☐	Other Health Problems

Tobacco use? If so what kind and how much? ________________

Unusual reaction to dental injections? ________________

Reason for today's visit ________________ Are you in pain? ________________

New patients:

Do you have x-rays available for your visit today? ________________

Name of the former Dentist ________________

Date of Last Cleaning and Exam ________________

Date: 05/31/2023