

PFFD 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? Are you taking any medications, pills, or drugs? Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? Do you use tobacco (including e-cigs)? If so, what? Do you use controlled substances? If so, what? Do You Consume Alcohol? If yes, how many beverages per week? Do you snore or have you been told that you snore? Have you ever had a sleep study or been told to get one? If so, when? Do you wear a C-PAP or have you been told to?

Women: Are you...

Pregnant? Trying to Get Pregnant? Taking oral contraceptives? Nursing?

Are you allergic to any of the following?

Aspirin, Metal, Valium, Penicillin, Latex, Codeine, Sulfa Drugs, Acrylic, Local Anesthetics

Other Allergies? If yes

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

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

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

Are you taking any of these medications?

Antacids, St. John's Wort or Kava-Kava, Dilantin or Tegretol, Barbiturates (any)

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: \_\_\_\_\_