

	N	/IEDIC	AL HISTORY					
Patient Name:Guardian Name (if minor): Date of Birth (D/M/Y):Address:								
Date of Birth (D/M/Y): Add	lress:							
Postal Code: Em	ail:		ell #:					
Home #: Work #:		C	ell #:					
Best way to contact you: Cell Home Phone Text Email Employer/Occupation:								
Dr. Name: P#: Specialists Name: P#:								
In the event of an emergency, whom should we contact? P#:								
How did you hear about our office? □Walk-by □V Who should we thank for referring you:			□Google □Facebook □Friend					
Is English your first language? □ Yes □ No If no , do you need an interpreter? □ Yes □ No								
Do you have any cultural or religious beliefs that might limit the delivery of oral health care treatments? No								
If yes , please explain:	llent	Goo	d □Fair □Poor					
Insurance Company: Employer: Group/Policy#: Certificate/Div/ID#:								
Policy Holder: Date of Birth	n (D/M/Y	′):	Relationship:					
2 QUESTIONS								
important.	_		st; are any of these a factor & if so choose the ONE tha Finances Trust No sense of urgency N/A	t is most	t			
2. Although all of these are important to your o	ral healt	h which	ONE of these are most important to you:					
□Cosmetic □Function □Comfort □Long	evity							
DO YOU HAVE OF HAVE YOU EVER HAD								
 Hospitalization for illness or injury: □Yes □N 				_				
2. An Allergic reaction to: □aspirin □ibuprofen □acetaminophen □codeine □penicillin □tetracycline □local anesthetic □metals								
(nickel, gold, silver) □fluoride □sulfa □erythromycin □latex □other								
Do you have a history of any of the following								
 Prosthetic cardiac valves, including tra 		ter impl	anted prostheses & homografts. □ Yes □ No					
 Previous infective endocarditis. □Yes □No 								
 Prosthetic material used for cardiac val 								
 Unrepaired cyanotic congenital heart disease or repaired congenital heart disease, with residual shunts or valvular 								
regurgitation at the site of or adjacent to the site of a prosthetic patch or prosthetic device. □Yes □No								
A cardiac transplant with valve regurgit								
4. Joint Replacement: □Yes □No If yes w	/hat join	t?	When?	-				
5.	Yes	No		Yes	No			
Heart Attack - Date:			Emotional Disorders, Depression, Psychiatric Txt					
Cardiac Stent(s) - Date:			Epilepsy, convulsion (seizures)					
Stroke - Date:			Muscular dystrophy, multiple sclerosis					
High or Low Blood Pressure			Neurologic problems (ADD)					
Anemia or other blood disorder			Hepatitis - Type:					
Prolonged bleeding due to slight cut			Breathing or Sleep Problems (i.e. snoring, sinus)					
On blood thinners i.e. Coumadin, Adult Aspirin,			Unexplained sore throat, feeling like something is					
Plavix (INR #:)			caught in throat or chronic hoarseness					
Emphysema			HIV/AIDS					
Tuberculosis			Colitis/Crohns					
Asthma: Where do you keep your inhaler?			Eating Disorder (Bulimia, Anorexia Nervosa)					
Thyroid Disease			Lupus					
Kidney Disease			Cold Sores					
Liver Disease			Head or Neck injuries					
Jaundice			Lumps or swelling in the mouth or neck area					
Cancer - Type:			Digestive disorders (i.e. Gastric reflux)					
Radiation/Chemotherapy			Drug Dependency - Type:					
Male Only: Prostate disorders			Consumer of alcohol - # times per week:					
			or osteoporosis? □Yes □No □Take Fosamax, Fosama	k plus D	for			
osteoporosis or for any other reason? □Prone to yeast infections								
7. Any medical condition(s) or impending surgery not listed \(\textstyle Yes \) \(\textstyle No. \) If \(yes, \) please indicate: \(\textstyle \)								
	•							
List all prescribed MEDICATIONS & over-the-cour	ery not li	sted 🗆	∕es □ No. If yes , please indicate:	on next	page)			
List all prescribed MEDICATIONS & over-the-cour	ery not li	sted 🗆		on next	page)			
List all prescribed MEDICATIONS & over-the-cour	ery not li	sted 🗆	∕es □ No. If yes , please indicate:	on next	page)			

60							
TOWN CENTRE	\overline{c}						
DENTAL CLINIC	_						
Drug	Purpose	Drug	Purpose				
	•		•				
	conditions increases with the foll	_					
an oral manifestation & gum disease can affect major organs. Eliminating gum disease is especially important to the oral &							
overall health of the following patients (please indicate which apply):							
TOBACCO USE: □Yes □No							
	develop gum disease which is mor						
recently been linked with an increased risk for heart disease. Since tobacco users are already at an increased risk for heart disease & since gum disease only worsens that risk it is vitally important for tobacco users to do whatever is necessary to eliminate gum disease.							
	s \square No If yes, do you want to quit? \square						
What form (cigarettes, pipe, chew, marijuana, e-cigarettes etc.)?How much/day For How Long?							
■ Previous Tobacco user: ☐ \	Yes \square No If yes, when did you quit	?					
OTHER SYSTEMIC DISEASES							
■ Diabetes: □Yes □No							
Diabetes is a well-known risk factor for gum disease. Research is confirming that untreated gum disease makes it harder for you control your blood sugar. Elimination of gum disease can improve your blood sugar control reducing your risk for							
the serious complications What type? Type I Type		How is your diab	potos control2				
	. II. Date of last HbA1c. _) □Fair (7-9% A1c/140-220 mg/dL						
 Rheumatoid Arthritis (RA)) = 001 (29 A10/200111g/dL) = 00	II KIIOW				
There is a bi-directional connection between RA & gum disease. If you have arthritis you are at an increased risk for gum disease. Emerging research suggests that eliminating any gum disease & then keeping it at bay can lessen the crippling							
effects of arthritis.							
■ Cardiovascular Disease: □Yes □No If yes, please specify							
	Gum disease is now a recognized risk factor for heart disease. If your gums are inflamed, bacteria from your mouth can get into your blood stream & lodge in your heart vessels. Finding out if you have gum disease & the keeping it at bay over						
	our risk for heart disease & stroke.	ang out it you have guill discuse a	the Reeping it at bay ever				
GENETICS							
	ease: □Yes □No □Don't know. If ye		<u></u>				
Some people are genetically prone to developing gum disease even if they take care of their mouths. Identifying these							
individuals & getting them into early intervention treatment may help them keep their teeth for a lifetime.							
■ Family History of Diabetes: □Yes □No If yes, who? Diabetes is a well-known risk factor for gum disease. Research is confirming that when left untreated gum disease makes							
it harder for you to control	your blood sugar. Flimination of du	on is confirming that when left unite im disease can improve your blood	sugar control				
it harder for you to control your blood sugar. Elimination of gum disease can improve your blood sugar control. ■ Family History of Alzheimer's Disease (AD): □Yes □No □Don't know							
Gum disease has been linked with an increased chance for developing AD later in life. If you have a family history, you are already at increased risk. Keeping gum disease at bay over your life span can lower your risk for developing AD.							
	h? □Yes □No Are you currently goin						
If yes, what?							
Stress is a well-known risk factor for gum disease. Life altering events (loss of job, divorce, death in family, moving) can be particularly strong factors for Gum disease.							
OVERWEIGHT: Are you overwe		List weig					
	zed as a disease & a strong risk fac						
	us, if you're over your ideal weight it						
lower your risks for more serious health problems. BMI = $(703 \text{ x weight in lbs.}) \div (\text{height in inches x height in inches})$. Overweight BMI = $25.0 \text{ to } 29.9 \text{ and obesity } \ge 30.$							
	≥30. n affect your oral health. Are you ta	aking any of the following?					
	ers □Immunosuppressant's for orga		ts				
	owing apply? □Puberty □ Pregnant						
The presence & lack of certain hormones during puberty, pregnancy & menopause may impact the gingival health. Puberty includes							
gingivitis & periodontitis, pregnancy includes pregnancy gingivitis & menopause includes menopausal gingivostomatitis, which							
manifests itself as dry or shiny, bleeding & ranges from abnormally pale to deep red.							
CLENCHING & GRINDING: Do you clench or grind? □Yes □No							
Excess force is put on the supporting tissues of the teeth & could speed up the rate at which these periodontal tissues are destroyed.							
I, the undersigned, certify that all the medical & dental information provided is true to the best of my knowledge, & I have not knowingly omitted any information.							
Date:	Patient Name:						