



**Burkburnett**

Family Dental

your smile our passion

Patient Name: \_\_\_\_\_ Initial Date: \_\_\_\_\_

Updated: \_\_\_\_\_

Updated: \_\_\_\_\_

Updated: \_\_\_\_\_

### Health History

Personal Physician Name: \_\_\_\_\_

Personal Physician Address: \_\_\_\_\_

YES NO

1. Have you been hospitalized within the past 2 years? For What? \_\_\_\_\_
2. Are you currently being treated by a physician? For what? \_\_\_\_\_
3. Are you currently taking any medicines or drugs? What? \_\_\_\_\_  
\_\_\_\_\_
4. Have you ever received counseling for excessive use of alcohol and/or prescription drugs?
5. Do you smoke or use smokeless tobacco? How much per day and for how long? \_\_\_\_\_
6. Are you allergic to any drugs? What? \_\_\_\_\_
7. Have you ever had a skin rash or other reaction to metal jewelry? To what? \_\_\_\_\_
8. Are you allergic to any metals? What? \_\_\_\_\_
9. Do you bleed excessively upon injury?
10. Are you pregnant? Due date: \_\_\_\_\_
11. Have you ever been involved with dental/medical legal activity?
12. Have you been told by a medical professional that you should take antibiotics prior to dental treatment? For what? \_\_\_\_\_
13. Have you taken bisphosphonates? What drug and for how long? \_\_\_\_\_

Circle any of the following conditions that you have had or now have

- |                             |   |                                  |
|-----------------------------|---|----------------------------------|
| A. AIDS                     | J. Hepatitis                                | R. Rheumatic Fever               |
| B. Arthritis                | K. High Blood Pressure                      | S. Sexually Transmitted Diseases |
| C. Asthma                   | L. Jaundice                                 | T. Stroke                        |
| D. Cancer                   | M. Joint Replacement                        | U. Tuberculosis                  |
| E. Diabetes                 | N. Kidney Problems                          | V. Other Disease                 |
| F. Epilepsy                 | O. Low Blood Pressure                       |                                  |
| G. Glaucoma                 | P. Nervous Breakdown or Psychiatric Therapy |                                  |
| H. Heart Murmur             | Q. Osteoporosis                             |                                  |
| I. Heart Problem or Surgery |   |                                  |