



MEDICAL/DENTAL HISTORY

Patient's Name: _____

Physician's Name: _____ Phone: _____

Dentists Name: _____ Phone: _____

- Yes No Are you currently under any medical treatment? _____
- Yes No Do you have pain, clicking, and/or popping noises in the jaw? _____
- Yes No Are you aware of either clenching or grinding of teeth? _____
- Yes No Do you have frequent headaches? How often? _____
- Yes No Do you have habits such as nail biting, finger or thumb sucking, lip or cheek biting? _____
- Yes No Do you have speech problems, or are you in speech therapy? _____
- Yes No Has there been any history of: Joint swelling Asthma TB AIDS Kidney Liver Condition
 Epilepsy Rheumatic Fever Hepatitis ADHD Other illness _____
- Yes No Do you bleed easily? _____
- Yes No Is there a tendency to faint or become dizzy? _____
- Yes No Do you have allergies? (Sulphur, penicillin, novocaine, etc.) _____
- Yes No Are you currently taking any medication? List: _____
- Yes No Do you have a heart condition? Yes No Do you pre-medicate? Yes No Cardiologist: _____
- Yes No Have you ever been diagnosed with any bone diseases such as Osteopenia, Osteoporosis or Pagets Disease? _____
- Yes No Are you currently or ever been treated for Osteopenia, Osteoporosis or Pagets Disease? _____
- Yes No Have you ever taken a bone building or strengthening medication to reduce bone loss such as Fosamax? _____
- Yes No Do you have sleep apnea or snore? _____
- Yes No Do you have a constricted airway, breathing difficulty? _____
- Yes No Is there a chance you may be pregnant? _____
- Yes No Do you smoke or chew tobacco? _____
- Yes No Have there been any injuries to the teeth? _____
- Yes No Have you had any permanent teeth extracted? _____
- Yes No Have we treated any other family members? If so, who: _____

To the best of my knowledge, all of the preceding answers are true and correct. If there is ever any change in this patient's medical history or this patient's medication change, I will inform the doctor at my child's next appointment without fail.

Responsible Party's Signature: _____ Date: _____