SUNDENTALDESIGN
Family & Cosmetic Dentistry

# PATIENT MEDICAL HISTORY

**Patient Name (print)** _____ **Patient Birthdate** _____

**Physician Information** #ÖàÖÜÏÈÝÌÈ×ÙÔÈÙàÊÈÙÌ×ÏàÚÊÈÈÕ? ☐ Yes ☐ No
Physician's Full Name: _____ City, State: _____

**Hospitalizations:** Please list all hospitalizations, reasons and approximate dates in the last 5 years.

_____

_____

**Medications:** Please list all medications and reasonÚ for taking.

_____

_____

_____

_____

**Are you taking an oral bisphosphonate** (i.e. Fosamax, Actonel, Didronel, Boniva, Bonefos)? ☐ Yes ☐ No

**Drug Allergies:** AspiriÕ 2ÜÓ×ÏÈ Codeine Dental Anesthetics Latex Penicillin Tetracycline
Please list any additional drug allergies or sensÐÛvities:_____

_____

_____

**Tobacco History**
Do you Smoke? ☐ Yes ☐ No How often do you smoke one pack? _____days
Do you use chewing tobacco? ☐ Yes ☐ No How long to go through one can? _____days

**Women**
Are you pregnant? ☐ Yes ☐ No Are you taking birth control pills? ☐ Yes ☐ No
Are you nursing? ☐ Yes ☐ No Are you on Hormone Therapy? ☐ Yes ☐ No

**Medical Conditions: Check any condition that you have or have had in the past.**

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|---|---|---|---|
| ☐ Heart Condition | ☐ Diabetes | ☐ Tuberculosis | ☐ Artificial Joint, Limb, Device |
| ☐ Heart Surgery | ☐ 'ÐÎÏ"ÏÖÓÌÚÛÌÙÖÓ | ☐ Gastro-esophogeal reflux | ☐ Chemical Dependency |
| ☐ Heart Disease | ☐ High Blood Pressure | ☐ Hemophilia | ☐ Psychiatric Treatment |
| ☐ Heart Attack | ☐ Hepatitis | ☐ Bleeding Disorder | ☐ Depression/Anxiety |
| ☐ Stroke | ☐ Kidney Disease | ☐ Thyroid Disease | ☐ Seizures/Epilepsy |
| ☐ Angina | ☐ HIV/Aids | ☐ Rheumatic Fever | ☐ Neurological Problems |
| ☐ Pacemaker | ☐ Arthritis/Gout | ☐ Scarlet Fever | ☐ Cancer |
| ☐ Heart Murmur | ☐ Asthma | ☐ Cold Sores | ☐ Radiation Therapy |
| ☐ Osteoporosis | ☐ Emphysema | ☐ Ulcer | ☐ Chemotherapy |

Other: _____

Is there anything else you would like to discuss with us? _____

_____

_____

**Patient Signature:**_____ **Today's date:** _____
**#ÌÕÛÐÚÛÚ2ÐÎÕÈÛÜÙÌ**_____**rrrrrrrrrr Today's date:** _____**r**