Ottley Smiles Dental Center

Patient Name _____

Although dental personnel primarily treat the area in and around the 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 that you will receive.

Please answer yes or no to the following questions. If yes, please explain and list any medications:
Are you under a physician's care now?_____
Have you ever been hospitalized or had a major surgery?_____
Have you ever had a serious head or neck injury?_____
Are you taking any medications, pills, or drugs?_____
Have you ever taken Phen-Fen or Redux?_____
Do you use controlled substances?_____
Do you use tobacco products?_____
Are you on a special diet?_____
Women:
Are you pregnant or trying to get pregnant?_____
Are you nursing?_____
Are you taking oral contraceptives?_____

Are you allergic to any of the following?
Penicillin____ Aspirin____ Codeine____ Acrylic____ Metal____ Latex____ Local Anesthetics____ Other_____

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

__Acid Reflux	__Convulsions	__Hemophilia	__Renal Dialysis
__AIDS/HIV Positive	__Cortisone Medicine	__Hepatitis A	__Rheumatic Fever
__Alzheimer's Disease	__Diabetes	__Hepatitis B or C	__Rheumatism
__Anaphylaxis	__Drug Addiction	__Herpes	__Scarlet Fever
__Anemia	__Easily Winded	__High Blood Pressure	__Shingles
__Angina	__Emphysema	__Hives or Rash	__Sickle Cell Disease
__Arthritis/Gout	__Epilepsy or Seizures	__Hypoglycemia	__Sinus Trouble
__Artificial Heart Valve	__Excessive Bleeding	__Irregular Heartbeat	__Spina Bifida
__Artificial Joint	__Excessive Thirst	__Kidney Problems	__Stomach Disease
__Asthma	__Fainting Spells/Dizziness	__Leukemia	__Stroke
__Blood Disease	__Frequent Cough	__Liver Disease	__Swelling of Limbs
__Blood Transfusion	__Frequent Diarrhea	__Low Blood Pressure	__Thyroid Disease
__Breathing Problem	__Frequent Headaches	__Lung Disease	__Tonsillitis
__Bruise Easily	__Glaucoma	__Mitral Valve Prolapse	__Tuberculosis
__Cancer	__Hay Fever	__Pain in Jaw Joints	__Tumors or Growths
__Chemotherapy	__Heart Attack/Failure	__Parathyroid Disease	__Ulcers
__Chest Pains	__Heart Murmur	__Psychiatric Care	__Venereal Disease
__Cold Sores/Fever Blisters	__Heart Pacemaker	__Radiation Treatments	__Yellow Jaundice
__Congenital Heart Disorder	__Heart Trouble/Disease	__Recent Weight Loss	

Have you ever had any serious illness not listed above? If yes, please explain:_____
Is there anything else you would like the doctor to know?_____

Dental:
How do you feel about your teeth?_____ Do you get nervous before a dental visit?_____
Do you feel you have bad breath at times?_____ A bad taste?_____
Have you been told that you grind your teeth?_____ Do you clench your teeth?_____
Have you ever been diagnosed with migraines or muscle tension headaches?_____
Have you ever had problems with your jaw joints?_____
What is your biggest dental concern?_____

I certify to the best of my knowledge that the above information is correct.

Patient Signature(Parent if Under 18 Yrs old)_____

Date_____