Do your gums ever bleed? Discuss	PATIENT NAME	DATE	
Do you have a specific dental problem? Describe Vest No Do you brink you have active decay or gum disease?	Primary reason for this dental appointment:	nergency Consultation	
Do you have a specific dental problem? Describe Vest No Do you brink you have active decay or gum disease?	Dental History		Please Circle
Do you have dental examinations on a routine basis? Last visit. The poly out hirty you have active decay or gum diseases? Do you brush and floss on a routine basis? Discuss The poly out provided the poly of			
Do you brush and files on a notine basis? Discuss	Do you have dental examinations on a routine basis? Last visit		Yes No
Do you brush and flose on a routine basis? Discuss	Do you think you have active decay or gum disease?		Yes No
Do you lise your smile? Why?	Do you brush and floss on a routine basis? Discuss		Yes No
Does tood catch between your reentity Any toose teeth? Any too you wark to keep your remaining teeth?	Do your gums ever bleed? Discuss		Yes No
Does tood catch between your reentity Any toose teeth? Any too you wark to keep your remaining teeth?	Do you like your smile? Why?	4.	Yes No
Do you want to keep your remaining teeth?	Does food catch between your teeth? Any loose teeth?		Yes No
Do you over have clicking, popping or discomfort in the jaw join? Do you brux or grind? Yes No Pave you provide experiences in a cleral afficial everys been positive? Yes No Name of previous dentist (optionals): Medical History	Do you want to keep your remaining teeth?		Yes No
Have your past experiences in a dental office always been positive? Yes No Name of previous dentist (optional): Date of last full mouth x-rays (16 small films or panoramic): Who? Phone Yes No Name of previous dentist (optional): Date of last full mouth x-rays (16 small films or panoramic): Who? Phone Yes No Name of previous dentist (optional): Date of last full mouth x-rays (16 small films or panoramic): Who? Phone Yes No Name of previous dentist (optional): Phone Yes No Name of previous dentist (optional): Yes No Name of Phone Yes No Name of N	Do you ever have clicking, popping or discomfort in the jaw joint? Do yo	brux or grind?	Yes No
Do you smoke or chew? Any sores or growths in your mouth? Discuss	Have your past experiences in a dental office always been positive?		Yes No
Medical History Medical Hi	Do you smoke or chew? Any sores or growths in your mouth? Discuss_		Yes No
Medical History Medical Hi	Name of previous dentist (optional):		
Are you under a physician's care now? Why?	Date of last full mouth x-rays (16 small films or panoramic):		
Are you under a physician's care now? Why?	Medical History		
Have you ever been hospitalized or had a major operation? Discuss		Who? Phone	Vos No
Have you ever had a serious injury to your head or neck? Discuss			
Are you taking any medications, aspirin, vitamins, herbals, pills or drugs? What?			
Are you all aspecial delet? Discuss			
Are you allergic to any medications or substances? Please check box below	그는 그 그래 있다는 것이 모양하는 것이 되었다면 하는 것이 되었다면 하는 것이 없는 것이 없는 것이 없는 것이 되었다면 하는 것이 없는 것이 없다면 하는데 없다면 하는		
Women (Please check):		elow	
Women (Please check):	Aspirin Penicillin Codeine Acrylic Metal Late	Rubber Milk Other	
Do you now have or have you ever had any of the following? Do you take any of these medicines? Please check appropriate boxes. "If yes to any of the starred conditions, please call prior to your appointment premedication or changes in medication may be required. "If yes to any of the starred conditions, please call prior to your appointment premedication or changes in medication may be required. "If yes to any of the starred conditions, please call prior to your appointment premedication or changes in medication may be required. "If yes to any of the starred conditions, please call prior to your appointment premedication or changes in medication may be required. "If yes to any of the starred conditions, please call prior to your appointment premedication or changes in medication may be required. "If yes to any of the starred conditions, please call prior to your appointment premedication or changes in medication may be required. "If you have problems in the problems			
*If yes to any of the starred conditions, please call prior to your appointment premedication or changes in medication may be required. **Ne No			165 140
Heart Misease/Surgery* Sexossive Bleeding Chemotherapy Night Sweats Cold Sores Heart Murmur or Defect* Sickle Cell Disease Osteoporosis Yellow Jaundice Fever Blisters Cold Sores Heart Murmur or Defect* Sickle Cell Disease Osteoporosis Yellow Jaundice Fever Blisters Tergular Heart Beat Hemophilia Bisphosphonates Kidney Problems Heropes Defended of the Murmur or Defect* Hemophilia Bisphosphonates Kidney Problems Heropes Defended of the Murmur or Defect* Herophilia Heropes Defended of the Murmur or Defect* Herophilia Heropes Defended of the Murmur or Defended of the Murmur			
Irregular Heart Beat	*If yes to any of the starred conditions, please call prior to your appoint	nent premedication or changes in medication may be required.	
Irregular Heart Beat	Yes No Yes No	Yes No Yes No	Yes No
Irregular Heart Beat	Heart Disease/Surgery* □ □ Excessive Bleeding □ □ Chemoth	rapy	
Angina(Chest Pain Methemoglobinemia Osteoneorsis of Jaw Renal Dilaysis Stroke Detail Angina (Chest Pain Leukemia Leuke	Heart Murmur or Detect ' Sickle Cell Disease		
Recent Blood Transfusion Zometa I.V. Parathyroid Disease Epilepsy or Seizures Emilepsy or Seizures Scarlef Fever Using Disease Scarlef Fever Enathing of Limbs Scarlef Fever Enathing of Limbs		onates	
Recent Blood Transfusion Zometa I.V. Parathyroid Disease Epilepsy or Seizures Emilepsy or Seizures Scarlef Fever Using Disease Scarlef Fever Enathing of Limbs Scarlef Fever Enathing of Limbs	Heart Attack/Failure	Reclast I.V.	
Scarlet Fever		/. Parathyroid Disease	
Rheumatic Fever * Breathing Problem Clicers Continues and Pala in Jaw Joints Tumors or Growths Cartificial Joint Recent Weight Los Pala in Jaw Joints Tumors or Growths Recent Weight Los Pala in Jaw Joints Tumors or Growths Recent Weight Los Pala in Jaw Joints Tumors or Growths Recent Weight Los Pala in Jaw Joints Tumors or Growths Recent Weight Los Pala in Jaw Joints Tumors or Growths Tumors or Growths Recent Weight Los Pala in Jaw Joints Tumors or Growths Tumors or Growths Recent Weight Los Pala in Jaw Joints Tumors or Growths Tumors or Growths Recent Weight Los Pala in Jaw Joints Tumors or Growths Tumors or Growths Recent Weight Los Pala in Jaw Joints Tumors or Growths Tumors or	Scarlet Fever		
Artificial Heart Valve * Shortness of Breath Recent Weight Loss Cortisone Medicine Nervousness Plant Pace Maker * Frequent Cough Frequent Diarrhea Arthrificial Joint * Psychiatric Care Pulmonary Shunt * Hay Fever Diabetes Sexually Transmitted Disease Atzheirmer's Disease Low Blood Pressure Asthma Excessive Thirst AIDS Allergies (Medicines) Bacterial Endocarditis* Bloody Sputum Hypoglycemia HIV Positive Allergies (Medicine) Hives or Rash Hives or Rash Hives or Rash Drug Addiction/Alcoholism Need Premedication? Carcer Hepatitis A (Infectious) Drug Addiction/Alcoholism Need Premedication? Carcer Hepatitis B or C Tattoos/Body Piercing Ever taken fen-phen?* Coronary Stent* X-Ray Treatments (Radiation) Protease Inhibitor Sleep Apnea Coronary Stent* Step Apnea Step Apnea Coronary Stent* Step Apnea Coronary Stent* Step Apnea Step Ap	Rheumatic Fever * Breathing Problem		ACCURATION AND ADDRESS OF THE PARTY OF THE P
Peulmonary Shunt*	Artificial Heart Valve		ss 🗆 🗆
High Blood Pressure	Pulmonary Shunt*	Diarrhea	
Bacterial Endocarditis*	High Blood Pressure		
Bloody Spitum Bloody Spitu			
Bruise Easily/Blood Disease Tuberculosis Hepatitis A (Infectious) Drug Addiction/Alcoholism Need Premedication? Cancer Hepatitis B or C Tattoos/Body Piercing Ever taken fen-phen?* Coronary Stent* X-Ray Treatments (Radiation) Protease Inhibitor Sleep Apnea Cochlear implants?	Daotoriai Eriacoaranio 🗀 🗀 Dioody Opatalli		sh 🗆 🗆
Coronary Stent*	Bruise Easily/Blood Disease Tuberculosis Hepatitis	(
Have you ever had any other serious illness not checked above? Discuss	Anemia Cancer Hepatitis		
Do you wish to talk to the dentist privately about any problem?	Coronary Stent* Li Li X-Hay Ireatments (Hadiation)Li Li Protease	nnibitor	plants?
To the best of my knowledge, all the preceding answers are correct. If I have any changes in my health status or if my medicines change, I shall inform the dentist and staff at the next appointment without for the part of the preceding answers are correct. If I have any changes in my health status or if my medicines change, I shall inform the dentist and staff at the next appointment without for the part of the preceding answers are correct. If I have any changes in my health status or if my medicines change, I shall inform the dentist and staff at the next appointment without for the part of the preceding answers are correct. If I have any changes in my health status or if my medicines change, I shall inform the dentist and staff at the next appointment without for the part of the part	Have you ever had any other serious illness not checked above? Disc	uss	Yes No
Date PATIENT SIGNATURE (PARENT OR GUARDIAN)	Do you wish to talk to the dentist privately about any problem?		
PATIENT SIGNATURE (PARENT OR GUARDIAN) Reviewed By Doctor	To the best of my knowledge, all the preceding answers are correct. If I have any changes in m	health status or if my medicines change, I shall inform the dentist and staff at the ne	ext appointment without fa
PATIENT SIGNATURE (PARENT OR GUARDIAN) Reviewed By Doctor	Υ	Date	
Reviewed By Doctor		Date	
History Review and Significant Findings Medical Updates I have read my MEDICAL HISTORY dated and confirm that it adequately states past and present conditions. DATE EXCEPTIONS PATIENT'S SIGNATURE BP PULSE REVIEWED BY Dr		Data DD	Dulas
Medical Updates I have read my MEDICAL HISTORY dated and confirm that it adequately states past and present conditions. DATE EXCEPTIONS		DateBP	Pulse
I have read my MEDICAL HISTORY dated and confirm that it adequately states past and present conditions. DATE EXCEPTIONS	History Review and Significant Findings		
I have read my MEDICAL HISTORY dated and confirm that it adequately states past and present conditions. DATE EXCEPTIONS			
I have read my MEDICAL HISTORY dated and confirm that it adequately states past and present conditions. DATE EXCEPTIONS	Medical Undates		
DATE EXCEPTIONS PATIENT'S SIGNATURE BP PULSE REVIEWED BY	Medical Opuates		
None Dr.	I have read my MEDICAL HISTORY dated	and confirm that it adequately states past and present c	onditions.
None	DATE EXCEPTIONS	PATIENT'S SIGNATURE BP PULSE R	EVIEWED BY
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