

Introduction & Adult Health History Sheet

IN ORDER THAT WE MAY THOROUGHLY EVALUATE YOUR DENTAL PROBLEM, YOUR KINDNESS IN FURNISHING THE FOLLOWING INFORMATION WILL BE APPRECIATED. ALL ANSWERS WILL BE HELD IN STRICT CONFIDENCE AND USED IN THE PREPARATION OF YOUR CLINICAL TREATMENT CHART.

1. PATIENT'S NAME	2. E	BIRTH	HDATE:		ADDRESS	CITY STAT	STATE ZIP	
LAST FIRST	M. M	MO.	DAY	YEAR				
						HOME PHONE:		
SS# EMAIL						CELL PHONE: WORK PHONE (PT):		
						REFERRED BY:		
EMPLOYED BY:								
SPOUSE NAME EM				BY		SPOUSE WORK PHO	NE	
PHYSICIANS NAME ADDRESS						PHONE		
Are you receiving treatment from a phys at the present time?	ician		YES	s NO	Are you alle	ergic (sensitive) to any food or drugs?	YES	NC
If so, for what?					55, 151			
					Are you taki	ng any medicines at the present time?	YES	NC
Has a physician ever told you that you heart trouble?	ave		YES	NO NO	Do you have	e any prosthetic (artificial) joints?		
Have you ever been treated for high or low blood pressure?			YES	s NO	(knee, hip, e	(knee, hip, etc.)		
Do you ever have severe heart or chest pains?			YES	s NO		Have you ever had any popping, clicking or pain in your Temporamandibular Joint (TMJ)? YES NO		
Have you ever had a stroke or heart attack?			YES	s NO	1	Have you ever had an allergic reaction to latex products? YES No.		
Have you ever had rheumatic fever?			YES	s NO	'			
Do you have a prosthetic (artifical) heart valve,			YES		Have you ever had surgery on X-ray treatment for a tumor, growth or other condition in your mouth YES or on your lips, or other areas of the body?			NC
heart murmur or Mitral Valve Prolapse?					Have you ev	ver been given general anesthetic		
Do you have a heart pacemaker			YES	S NO	(been put to sleep), either for oral surgery or any other type of surgery?		YES	NC
Have you ever had severe & prolonged after cuts or tooth extractions?	bleeding		YES	NO NO		re you pregnant at the present time?	YES	NC
Do you take insulin or receive other trea	tment for	r	YES	s NO	Ar	re you taking Birth Control Pills?	YES	NC
diabetes? ("Sugar Disease")				110		ver had severe & prolonged bleeding tooth extractions?	YES	NO
Have you ever been treated with CORTISONE or ACTH within the past year?			YES	NO NO		ny OTHER reason to think that you are		
Are you HIV Positive?			YES	s NO	not now in g	not now in good health?		NC
Do you ever have seizures or convulsions?			YES	NO NO	If so, what?			
Have you ever had Hepatitis?			YES	, NO				
UPDATES:					<u> </u>			
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Date Initials Date Ini	tials D)ate		Initials	Patient's Sign	iatuic	Date	