	Patient's Name:			Cell #			Date:	
<ol> <li>What is the m</li> <li>What is most</li> </ol>								
PLEASE MARK ALL THAT APPLY WI  Teeth sensitive to cold, heat, sweets or biting in general, or in a specific area  Bleeding gums Periodontal Treatment Clenching or grinding Pain around ear Frequent headaches Popping or clicking sound while eating Wear a biteguard Snore Appliance Partials/Dentures			tal Health History ITH AN "X"  Food Impaction Unpleasant taste Bad Breath Wisdom teeth removed Orthodontic treatment(braces) When? Swelling/lumps in the mouth Mouth sores/blisters Smoke/chew tobacco Water Pik			Rotary toothbrush What type? Home Fluoride Reflux/heartburn Jaw Problems/TMJ/TMD Unfavorable Dental Experience Please explain:		
								Your physicians I
<u>PLEASE LIST ALL ME</u> Name	Dosage Dosage		URRENTLY TA	National Dosage		N AND OVER TH	E COUNTER)  Dosage	
DO YOU HAVE OR HAVE YOU HAD ANY Allergies to antibiotics such as Penicillin, Sulfa Please specify Allergies to local anesthetics or Nitrous Oxide Please specify Latex Allergy Allergies to aspirin, codeine, narcotics Please Specify Osteoporosis Medication Heart murmur-When? Mitral valve prolapse Rheumatic fever Heart ailments/Please specify Pregnancy/When? Pacemaker/Defibrillator/When? Angina Pectoris/When? High or low blood pressure/When? Artificial joints/When? Any Others not listed above:			Neurological problemsStroke/When?			Sinus Issues/ProblemsBloody SputumUlcer/ColitisAIDS/HIV PositiveKaposi's Sarcoma When? nSexually transmitted disease/SpecifyArthritisAsthmaBreathing/lung proble Please specify_		
Osteoporosis Medicati Heart murmur-When? Mitral valve prolapse Rheumatic fever Heart ailments/Please Pregnancy/When? Heart Attack/When? Pacemaker/Defibrillate Angina Pectoris/When High or low blood pre Artificial joints/When	or/When?n?ssure/When??		Cancer/Type Radiation/V Chemothera Liver Proble Hepatitis- T Kidney prob Recreationa Thyroid pro Cortisone m Tuberculosi Persistent c	eeding from a ce & When?	nin blain per	nSexual disease/SpeArthritAsthmaBreathPlease speciPsychiPlease speciHay fevDiabeteNight S	Illy transmitted ecifyis a ing/lung problem is a intric treatment fyer/general allerges (Type I or II) Sweats	
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