

Today's Date: _____

Name: _____

I prefer to be called: _____

Home Address: _____

Preferred Phone: (____) _____

Work Phone: (____) _____

Email Address: _____

Social Security Number: _____

Birthdate: _____

Male Female

Whom may we thank for referring you? _____

Other family members seen by us: _____

Employer: _____

Occupation: _____

SPOUSE OR SIGNIFICANT OTHER INFORMATION (IF INSURANCE SUBSCRIBER)

Spouse's Name: _____

Spouse's Employer: _____

Spouse's Social Security Number: _____

Spouse's Birthdate: _____

EMERGENCY CONTACT

Name: _____

Phone Number: _____

PHARMACY INFORMATION

Name: _____ Number: _____

Address (PLEASE include zip code): _____

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PATIENT HEALTH HISTORY

Your physician is _____ Physician number: _____

Your current age _____

(Check all that apply)

HAVE YOU EVER HAD AN ADVERSE REACTION TO:

Local Anesthetics/Novocain Codeine Antibiotic _____
Other _____ Any pain medication Latex

DO YOU TAKE:

Blood thinners (e.g Coumadin, Plavix, etc.) *if yes*, date and score of most recent INR _____

Any other medications, vitamins or supplements, if so, please list:

Name of medication What condition you take it for

(List any additional meds you take on separate sheet)

WHAT IS YOUR LEVEL OF ANXIETY/STRESS/FEAR WHEN GOING TO THE DENTIST? None Mild Mod Severe

ARE YOU SATISFIED WITH YOUR SMILE? YES NO WHY? _____

DO YOU HAVE TO AVOID EATING ANY FOODS BECAUSE OF YOUR TEETH? YES NO

OTHER MEDICAL CONDITIONS: *(Check all that apply)*

Asthma *if yes*, where do you keep your inhaler? _____

Bleeding problems	Epilepsy	Prosthetic heart valve	Artificial joint
Hepatitis	Tuberculosis	HIV/AIDS	Thyroid Disease
Cancer	Chemo/radiation	Breathing Problems	Steroid Use
Kidney Problems	Psychiatric therapy	Change in health in last year	Any Addiction
Breathing/COPD	Vertigo	Hypertension	Congestive Heart Failure
Acid Reflux	Stroke	Mental disorder	HPV

Currently under care of physician? If so, why _____

THE FOLLOWING RISK FACTORS MAKE IT MUCH EASIER FOR PERIODONTAL (GUM) DISEASE TO DEVELOP.

(Please check all of the risk factors that you have.)

- ☐ Current Tobacco user → What kind _____ How much/day _____ For how long _____
- ☐ Previous Tobacco user → When did you quit _____
- ☐ Family history of gum disease (parents lost teeth at early age or gum disease on your side of family)
- ☐ Stress (*death of spouse, divorce/separation, death in family, injury/illness, retirement, loss of job, etc.*)
- ☐ Previous bouts of gum disease or gingivitis
- ☐ Spouse with gum disease (Gum disease may be transmissible, all family members should be screened for gum disease)
- ☐ Osteoporosis
- ☐ Taking Dilantin, Ca+ Channel Blockers, or Immunosuppressants for organ transplantation
- ☐ Alcohol or marijuana use
- ☐ Diabetes (*additional information requested on back*)
- ☐ Overweight (*additional information requested on back*)
- ☐ Poor nutrition (*additional information requested on back*)

GUM DISEASE – HEART DISEASE

Untreated gum disease can increase your risk for heart attack and stroke.

Have you been diagnosed with heart disease/stroke?

☐ Yes

☐ No → Do you have any of these risk factors?

☐ Family history of heart disease

☐ High cholesterol

☐ Tobacco use

☐ High blood pressure

DIABETES

Diabetics are more prone to gum disease. Left untreated, gum disease makes it harder for diabetics to control their blood sugar. Diabetics who have their gum disease treated can improve their blood sugar control thus making diabetic complications less likely.

Are you diabetic?

☐ NO → Any family history of diabetes? ☐ Yes ☐ No

Have any of these warning signs of diabetes?

☐ Frequent urination ☐ Excessive thirst/hunger

☐ Weakness/fatigue ☐ Slow healing of cuts

☐ Unexplained weight loss

☐ YES → How is your diabetes control? ☐ Good ☐ Fair ☐ Poor

Date of last A1c _____ What score? _____

Who is your diabetes Doctor _____

OBESITY

Being overweight increases your risk for gum disease. Obesity and gum disease are both risk factors for heart disease and diabetes. Thus, if you are at less than ideal weight it is vitally important for you to eliminate any gum inflammation to lower your risks for more serious health problems.

We can calculate your weight status by using Body Mass Index (BMI)

List your current weight _____

List your current height _____

$BMI = (703 \times \text{weight}) / (\text{height})^2$

18.4 or below Underweight

18.5 to 24.9 Healthy weight

25.0 to 29.9 Overweight

≥30.0 Obese

Do you find it hard to eat a balanced diet? ☐ Yes ☐ No

Have you ever had your Vitamin D level checked? ☐ Yes ☐ No

RHEUMATOID ARTHRITIS

If you have rheumatoid arthritis, emerging research suggests that eliminating any gum disease can lessen the crippling effects of arthritis.

Have you ever been diagnosed with Rheumatoid Arthritis?

☐ Yes ☐ No

ALZHEIMER'S DISEASE

Research suggests that patients with long standing gum disease may be more likely to develop adverse mental decline as they age.

Do you have a family history of Alzheimer's Disease?

☐ Yes ☐ No

FEMALES

Are you: ☐ Pregnant ☐ Nursing ☐ Taking birth control pills

Are you post-menopausal? ☐ Yes ☐ No

Do you have osteoporosis?

☐ Yes

☐ No → Have you ever been tested for osteopenia/porosis? ☐ Yes ☐ No

Do you have any of the following risk factors for osteoporosis? ☐ Yes ☐ No

Post-menopausal

Family history of osteoporosis

Early menopause

Rheumatoid Arthritis

Inadequate exercise

Tobacco use/Smoking

Ever taken *Fosamax*, *Fosamax Plus D*, *Actonel*, *Boniva*, *Didronel*, *Skelid*, *Aredia*, *Bonefors*, or *Zometa* for osteoporosis or for any other reason? ☐ Yes ☐ No

I understand the information I have given today is correct to the best of my knowledge. I also understand it is my responsibility to inform this office of any changes in my medical status. I authorize the dental staff to perform any necessary dental services that I may need during diagnosis and treatment with my informed consent.

SIGNATURE _____

DATE _____