

Your Health History

Mound City Dental, Northwest Family Dental, Savannah Dental

Please fill out this sheet. It will tell us all about your health.

About you	
Name:	Date of Birth:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Height: Weight:
Name of your medical doctor:	Phone number of your medical doctor:
When was your last dentist visit?	
Are you pregnant or think you may become pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you nursing your child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Your medicines	
Please list the medicines you take right now: 1. 2. 3. 4.	
Are you taking or have you ever taken any medicine that prevents the loss of bone mass? These are called bisphosphonates. One common type is Osteoporosis medicine. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Your behaviors	
Please answer yes or no. If yes, explain below.	
Have you been hospitalized within the past 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:	
Are you allergic to anything? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what are you allergic to?	
Do you use tobacco products? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what products do you use?	
Do you drink soda, energy drinks or sports drinks? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many do you drink in a day?	

Your illnesses

Please check the box if you have or ever had any of these. If yes, explain below:

- Breathing problems, such as asthma or chronic obstructive pulmonary disorder
- Heart attack
- Chest pain
- Congestive Heart Failure
- Heart murmur or heart valve problems, such as mitral valve prolapse
- Hepatitis or liver disease
- High blood pressure
- Kidney disease
- Anemia or other blood problems
- Bleeding problems. If yes, are you taking blood thinners? Yes No
- HIV or AIDS
- Rheumatic fever
- Artificial joint replacements. If yes, how long ago? _____
- Diabetes
- Mental disorders, such as ADD, ADHD, Bi-polar, Depression or others
- Cancer

Explain illnesses:

Do you have any major health problems not on this list? Yes No

If yes, please explain:

Your Signature:

Date: