

Medical Health History

Patient Name _____

Physician Name _____

Physician Phone _____



TENINO
FAMILY
DENTAL
CENTER

Please complete and **elaborate** as needed:

Yes No

- High Blood Pressure: _____
- Sensitivity to Epinephrine in Anesthetic: _____
- Fainting: _____
- Excessive Bleeding: _____
- Stroke: _____
- Heart Attack: _____
- Artificial Heart Valve: _____
- Pace Maker: _____
- Antibiotic Allergy: _____
- History Clostridium Difficile (C. Diff) Overgrowth: _____
- List Other Allergies: _____
- TMJ Concerns: _____
- Tumor/Growth Head/Neck: _____
- Head/Neck Radiation/Surgery: _____
- Vertigo: _____
- Epilepsy/Seizure: _____
- Tuberculosis: _____
- COPD/Asthma: _____
- Kidney/Liver Disease: _____
- Hepatitis: _____
- Diabetes Type 1 or 2: _____
- Artificial Joint: _____
- Cancer/Chemo/Radiation/Surgery: _____
- HIV: _____
- Cold Sores (Oral Herpes): _____
- Bone Density Meds for Osteoporosis: _____
- Current/Possibly Pregnant: _____
- Chronic Pain: _____
- Alcohol/Drug Dependent/Recovered: _____
- Pain Contract w/MD: _____
- Current/Past Smoker: _____
- Current/Past Chewing Tobacco: _____
- Mental Health Care: _____
- Another Condition Not Listed: _____
- Dental Treatment Complications: _____
- Medications (please list) _____

