FRESH DENTAL CARE

Why do I need to share a complete medical history with my dentist?

During your first dental visit, your dentist will ask for a thorough medical history, which typically is included on a patient registration. This history, combined with the results of your initial clinical examination, will help to assess your immediate dental care needs and recommend the best treatment approach.

What kind of health information should I share and how specific should I be?

Mention everything about your health, even if you don't think it relates to your mouth. If you have had surgery or a major illness, be sure to include this information in the medical history of your patient information section.

Many diseases can have significant effects on your mouth and teeth, and researchers continue to discover ways in which oral health is related to overall health. Diabetes, for instance, can increase the risk of periodontal disease.

Suggested items to include on your patient registration form:

- Any recent heart surgery (within the last six months)
- Artificial heart valve(s)
- Asthma
- Congenital Heart defect
- Epilepsy/seizures
- History of rheumatic fever
- History of heart murmer/mitral valve prolapse
- Medications: Prescribed or over-the-counter
- Pacemaker
- Previous bacterial endocarditis
- Systemic pulmonary shunt
- About any allergies you have (including latex allergy)
- If you are pregnant
- Any health problem or medical condition you are being treated for

Should I tell my dentist about any medications I am taking?

Information about medications you are currently taking can be vital to your health, especially in an emergency. Your health conditions may require us to change the type of anesthesia given. Your dentist also will want to make sure that any medications we prescribe don't interact with medications you already are taking. If you are visiting your dentists for the first time, bring a current list of medications just to be sure your dentist has an accurate record.

How often should I update my medical history?

After your first visit, be sure to keep our office informed any time there is a change in your current health status. Let your dentist know if you are pregnant, have developed allergies or are a smoker.

How can I be assured my medical history and records will remain private?

Our office cannot release any diagnosis or office visit information without your consent. You may be asked to sign a release form so that our office can provide that information to the insurance company for health insurance benefits.

Insurance companies are required to keep that information confidential from anyone not directly involved with your care or with processing your insurance, just as physicians, hospitals and other health service providers are.

MEDICAL HISTORY

Name _____ Date of Birth _____ Phone _____

Address _____ Email _____

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

Are you under a physician's care now? ○Yes ○No ○N/A

Have you ever been hospitalized or had a major operation? ○Yes ○No ○N/A

Have you ever had a serious head or neck injury? ○Yes ○No ○N/A

Are you taking any medications, pills, or drugs? ○Yes ○No ○N/A

Do you take, or have you taken, Phen-Fen or Redux? ○Yes ○No ○N/A

Are you on a special diet? ○Yes ○No ○N/A

Do you use tobacco? ○Yes ○No ○N/A

Do you use controlled substances? ○Yes ○No ○N/A

Women: Are you ☐ Pregnant/Trying to get pregnant? ☐ Nursing? ☐ Taking oral contraceptives?

Are you allergic to any of the following?

Aspirin ☐ Penicillin ☐ Codeine ☐ Acrylic ☐ Metal ☐ Latex ☐ Local Anesthetics ☐ Other:_____

Do you have, or have you had, any of the following?

☐ AIDSIHIV Positive	☐ Chest Pains	☐ Frequent Headaches	☐ Irregular Heartbeat	☐ Scarlet Fever
☐ Alzbeimers Disease	☐ Cold Sores/Fever Blisters	☐ Genital Herpes	☐ Kidney Problems	☐ ShIngles
☐ Anaphylaxis	☐ Congenital Heart Disorder	☐ Glaucoma	☐ Leukemia	☐ Sickle cell Disease
☐ Anemia	☐ Convulsions	☐ Hay Fever	☐ Liver Disease	☐ Sinus Trouble
☐ Angina	☐ Cortisone Medicine	☐ Heart Attack/Failure	☐ Low Blood Pressure	☐ Spina Bifida
☐ Arthritis/Gout	☐ Diabetes	☐ Heart Murmur	☐ Lung Disease	☐ Stomach/Intestinal Disease
☐ Artificial Heart Valve	☐ Drug AddictIon	☐ Heart Pace Maker	☐ Mitral Valve Prolapse	☐ Stroke
☐ Artificial Joinr	☐ Easily Winded	☐ Heart Trouble/Disease	☐ Pain in Jaw Joints	☐ Swelling of Limbs
☐ Asthma	☐ Emphysema	☐ Hemophilia	☐ Parathyroid Disease	☐ Thyroid Disease
☐ Blood Disease	☐ Epilepsy or Seizures	☐ Hepatitis A	☐ Psychiatric Care	☐ Tonsillitis
☐ Blood Transfusion	☐ Excessive Bleeding	☐ Hepatitis B or C	☐ Radiation Treatments	☐ Tuberculosis
☐ Breathing Problem	☐ Excessive Thirst	☐ Herpes	☐ Recent Weight Loss	☐ Tumors or Growths
☐ Bruise Easily	☐ Fainting Spells/Dizziness	☐ High Blood Pressure	☐ Renal Dialysis	☐ Ulcers
☐ Cancer	☐ Frequent Cough	☐ Hives or Rash	☐ Rheumatic Fever	☐ Venereal Disease
☐ Chemotherapy	☐ Frequent Diarrhea	☐ Hypoglycemia	☐ Rheumatism	☐ Yellow Jaundice

Have you ever had any serious illness not listed above? ○Yes ○No ○N/A

Comments: _____

_____

_____

*Condition may require medication N/A - Not answered by patient

DENTAL HISTORY

Do your Gums Bleed	○ Y	○ N
Do you have pain, ringing, or popping in or near your ears?	○ Y	○ N
Do you have pain when chewing or biting?	○ Y	○ N
Have you experienced any growth or sore spots in your mouth?	○ Y	○ N
Have you ever had?		
Orthodontics (braces)?	○ Y	○ N
Local anesthetic?	○ Y	○ N
Difficult extractions?	○ Y	○ N
Prolonged bleeding?	○ Y	○ N
Gum disease?	○ Y	○ N
A bad dental experience?	○ Y	○ N
Are you happy with the color of your teeth?	○ Y	○ N
Have you visited our website?	○ Y	○ N
Were you satisfied with your previous dental care?	○ Y	○ N

When was your last dental visit? _____

When was your last complete set of dental radiographs taken? _____

What can we do to assure a good dental experience here: _____

What problems are you having with your mouth? _____

Who referred you to our office? _____

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patients) health. It is my responsibility to inform the dental office of any changes in medical status.