

PATIENT HEALTH HISTORY

Your name _____

Today's date _____

Your regular dentist is _____

Your physician is _____

Ever been a patient here before? YES NO

Your current age _____



(Check all that apply)

Have you ever had an adverse reaction to:

Local Anesthetics/Novocain Codeine

Antibiotic _____

Other _____

Aspirin/Advil 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

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

The following risk factors make it much easier for periodontal (gum) disease to develop.

Please list 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
- 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 Tobacco use
 High cholesterol 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 over your 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 and then keeping it at bay 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 osteoporosis? 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