Calabasas Smiles FAMILY DENTISTRY

Name:_____

Medical History…..

Good health: ☐ Yes ☐ No Last physical exam: _____
Serious illness/surgeries: ☐ Yes ☐ No (please explain) _____
Under a physician's care: ☐ Yes ☐ No Condition being treated: _____
Physician name/address:_____
Hospitalization/serious illness in past five years: ☐ Yes ☐ No
Tumor, growth/other of the mouth or lips: ☐ Yes ☐ No
Blood transfusion: ☐ Yes ☐ No Circumstances:_____
Serious problems with previous dental work: ☐ Yes ☐ No Please describe them: _____
_____
Abnormal bleeding with extractions, surgery or trauma: ☐ Yes ☐ No
Implants and/or prosthesis: ☐ Yes ☐ No
Thirsty much of the time: ☐ Yes ☐ No
Gums bleed when you brush: ☐ Yes ☐ No
Jaw pops when opening/chewing: ☐ Yes ☐ No
Do you smoke/use tobacco products: ☐ Yes ☐ No
How much do you smoke?_____
Mouth frequently becomes dry: ☐ Yes ☐ No
Jaw ever stuck open/closed: ☐ Yes ☐ No

Gender Specific Questions….. ☐ Male ☐ Female

Pregnant or could you be: ☐ Yes ☐ No
When are you due? _____
Are you nursing: ☐ Yes ☐ No
Currently taking oral contraceptives: ☐ Yes ☐ No

Height:_____Ft _____In Weight:_____
Do you have Porphyria (blood disorder): ☐ Yes ☐ No
Have you or any family members had malignant hyperthermia or other complications while under general anesthesia: ☐ Yes ☐ No
Do you have habits such as nail biting, pencil biting or lip biting: ☐ Yes ☐ No
Do you have habits such as thumb sucking or mouth breathing: ☐ Yes ☐ No
Do you clench or grind your teeth: ☐ Yes ☐ No
Have your wisdom teeth been extracted: ☐ Yes ☐ No
When were they extracted?_____

Drugs or Medications….. Are you taking any drugs or medications: ☐ Yes ☐ No

- ☐ Antibiotics or sulfa drugs
- ☐ Anticoagulants (blood thinners)
- ☐ Digitalis or drugs for heart trouble
- ☐ Insulin, tolbutamide (Orinase) or similar drug
- ☐ Hormone therapy / replacement
- ☐ Aspirin
- ☐ Medicine for high blood pressure
- ☐ Nitroglycerin
- ☐ Cortisone (steroids)
- ☐ Recreational/non-prescription drugs
- ☐ Tranquilizers
- ☐ Osteoporosis, chemotherapy or multiple myeloma medications such as Actonol, Boniva, Fosomax, Skelid and Bonefos
- ☐ Fen-Phen (now or in the past) or any related drugs such as Ionimin, Adipex, Phentermine, Fastin, Pondimin (Fenfluramin) and Redux (dexfenfluramine)

Existing Medical Conditions…..

Heart (☐ Yes ☐ No)

- ☐ Heart transplant
- ☐ Myocardial infarction
- ☐ High blood pressure
- ☐ Artificial heart valves
- ☐ Cardiovascular disease (heart attack/trouble, coronary occlusion, arteriosclerosis)
- ☐ Rheumatic fever / heart disease
- ☐ Low blood pressure
- ☐ Pacemaker
- ☐ Congestive heart failure
- ☐ Heart murmur/MVP – Mitral valve prolapse
- ☐ Heart surgery, Bypass, Stents
- ☐ Stroke

Liver (☐ Yes ☐ No)

☐ Hepatitis A (infectious) ☐ Hepatitis B (serum) ☐ Hepatitis C
☐ Jaundice or liver disease

Kidney (☐ Yes ☐ No)

☐ Kidney transplant ☐ Dialysis treatment ☐ Frequent urination

Gastrointestinal (☐ Yes ☐ No)

☐ Ulcers ☐ Diverticulitis ☐ Bowel problems
☐ Gastric bypass ☐ Reflux/Heartburn GERD ☐ Eating disorder

Blood/ Endocrine (☐ Yes ☐ No)

☐ AIDS or HIV ☐ Hemophilia ☐ Sickle Cell disease
☐ Diabetes ☐ Hypoglycemia ☐ Anemia
☐ Thyroid ☐ Sexually transmitted diseases

Disorders (☐ Yes ☐ No)

☐ Depression ☐ Sleep disorder ☐ Eplilepsy / seizures
☐ Fibromyalgia ☐ Mental health problems ☐ Schizophrenia
☐ Anxiety ☐ Bi-polar ☐ Autism
☐ ADHD / ADD
(Attention deficit)

Other (☐ Yes ☐ No)

☐ Cancer ☐ Sinus trouble ☐ Cold sores
☐ Radiation Therapy ☐ Chemotherapy ☐ Severe headaches/migraines
☐ Delayed healing ☐ Contact lenses ☐ Chronic fatigue
☐ Inflammatory rheumatism ☐ Arthritis
(painful, swollen joints)

Allergies (☐ Yes ☐ No)

☐ Local anesthetic ☐ Aspirin ☐ Penicillin or other antibiotics
☐ Codeine or other narcotics ☐ Iodine ☐ Barbituates, sedatives or sleeping pills
☐ Latex ☐ Hives or skin rash ☐ Sulfa Drugs
☐ Asthma or hay fever ☐ Metal ☐ Eggs
☐ Soybean

_____ _____
Patient Signature Date