

# PATIENT HEALTH HISTORY

## HOSPITAL ADMISSIONS IN THE LAST 5 YEARS

INDICATE THE YEAR YOU WERE ADMITTED TO HOSPITAL AND THE REASON. DO NOT INCLUDE NORMAL PREGNANCIES.

DATE	ILLNESS OR OPERATION	DATE	ILLNESS OR OPERATION

## MEDICATIONS

LIST ALL MEDICATIONS THAT YOU ARE NOW TAKING, INCLUDE OVER-THE-COUNTER Rx, CHEMOTHERAPY, IRRADIATION

NAME	DOSAGE	HOW OFTEN	NAME	DOSAGE	HOW OFTEN

DRUG ALLERGIES: \_\_\_\_\_

MEDICAL DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_ LAST EXAM: \_\_\_\_\_

FORMER DENTIST: \_\_\_\_\_ LAST EXAM: \_\_\_\_\_

## DIAGNOSES/CONDITIONS

MARK "C" FOR CURRENT PROBLEMS, CHECK BOX AND INDICATE AGE WHEN YOU HAD ANY OF THE FOLLOWING:

### CARDIOVASCULAR

- RHEUMATIC FEVER
- BIRTH HEART DEFECTS
- CORONARY ARTERY DISEASE
- STROKE
- ARTERIOSCLEROSIS
- HIGH BLOOD PRESSURE
- PACEMAKER
- SIGNIFICANT HEART MURMUR
- ARTIFICIAL HEART VALVE
- BLOOD TRANSFUSION
- ANEMIA
- LEUKEMIA
- HEMOPHILIA
- PURPURA
- CONGESTIVE HEART FAILURE

### RESPIRATORY

- EMPHYSEMA
- BRONCHITIS
- PNEUMONIA
- ASTHMA/HAY FEVER
- PERSISTENT COUGH

### INFECTIONS

- HEPATITIS
- HIV
- HERPES
- TUBERCULOSIS
- VENEREAL DISEASE

### SYSTEMIC

- CANCER (TYPE: \_\_\_\_\_ )
- KIDNEY DISEASE
- PROSTATE PROBLEMS
- BENIGN TUMORS
- PEPTIC ULCER
- HIATAL HERNIA
- FREQUENT VOMITING/INDIGESTION
- LUPUS/SCLERODERMA
- COLITIS
- ADRENAL INSUFFICIENCY
- DIABETES
- HYPERTHYROIDISM
- HYPOTHYROIDISM
- SKIN DISEASE
- METABOLIC NUTRITIONAL DISORDER
- UNRESTFUL SLEEP

### MUSCULOSKELETAL & NEURAL

- OSTEOPOROSIS
- OSTEOARTHRITIS
- RHEUMATOID ARTHRITIS
- GOUT
- ARTIFICIAL JOINTS
- PARALYSIS
- CHRONIC PAIN
- SEIZURES
- NUMBNESS
- DEPRESSION
- RETARDATION

### DENTOFACIAL

- GLAUCOMA
- CATARACT
- SORE EYES
- FREQUENT HEADACHES
- SINUSITIS
- FREQUENT NOSEBLEEDS
- EAR PROBLEMS
- FREQUENT SORE THROAT
- SMOKING
- CLENCH OR GRIND TEETH
- SNORE EXCESSIVELY
- SLEEP APNEA
- BLEEDING GUMS
- BAD BREATH/TASTE
- CROOKED TEETH, BAD BITE
- DISCOLORED OR DEFORMED TEETH
- MISSING, LOOSE, DRIFTING TEETH
- SENSITIVE TEETH, RECEDING GUMS
- FREQUENT SORES ON LIPS OR GUMS
- DIFFICULTY CHEWING FOOD
- FREQUENT CHOKING
- OTHER: \_\_\_\_\_

### WOMEN:

- CURRENTLY PREGNANT
- REGULAR MENSTRUAL PERIODS
- BIRTH CONTROL
- HORMONE REPLACEMENT

OTHER MEDICAL OR DENTAL CONDITIONS? \_\_\_\_\_

WHAT ADVERSE DENTAL EXPERIENCES, IF ANY, HAVE YOU HAD IN THE PAST? \_\_\_\_\_

HOW IMPORTANT IS YOUR DENTAL HEALTH AND APPEARANCE TO YOU? \_\_\_\_\_

IF YOU COULD MAKE ANY CHANGES YOU WANTED TO YOUR SMILE, WHAT WOULD THOSE CHANGES BE? \_\_\_\_\_

WOULD YOU LIKE INFORMATION FROM OR A REFERRAL TO A FACIAL PLASTIC SURGEON FOR EVALUATION? \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_