Gentle Smiles
OF WIND GAP
Your trusted home for comfortable dentistry

MEDICAL HISTORY

Are you under a physician's care now? Reason? ________________________ Name?________________________

Have you ever been hospitalized or had a major operation? List _____________________________________

Have you ever had a serious injury to your head or neck? Explain _______________________________________

Do you need to take an antibiotic prior to dental work? If yes, reason ____

Are you taking any medications or drugs? List ____

Are you allergic to any medications or drugs? Please check box(es) below________________________________

[ ] Aspirin [ ] Penicillin [ ] Codeine [ ] Acrylic [ ] Metal [ ] Latex Rubber [ ] Other______________

Women (please check): [ ] Pregnant/Trying to get pregnant [ ] Nursing [ ] Taking oral contraceptive

Do you now have or have you ever had any of the following? Please check the line below.

___ Heart Trouble / Disease
___ Heart Murmur
___ Angina / Chest Pain
___ Congenital Heart Disorder
___ Mitral Valve Prolapse
___ Scarlet Fever
___ Artificial Heart Valve
___ Heart Pacemaker
___ High Blood Pressure
___ Low Blood Pressure
___ Blood Disease
___ Anemia
___ Excessive Bleeding
___ Hemophilia
___ Leukemia
___ Recent Blood Transfusion
___ Irregular Heart Beat
___ Heart Attack / Failure
___ Rheumatic Fever
___ Heart Surgery
___ Bruise Easily
___ Sickle Cell Disease
___ Swelling of Limbs
___ Lung Disease
___ Breathing Problem
___ Frequent Cough
___ Sinus Trouble
___ Asthma
___ Emphysema
___ Tuberculosis
___ Cancer Type _________
___ X-ray treatment: Radiation
___ Chemotherapy
___ Stomach / Intestinal disease
___ Ulcers
___ Recent Weight Loss
___ Hepatitis A (infectious)
___ Hepatitis B or C
___ Yellow Jaundice
___ Kidney Problems
___ Frequent Weight Loss
___ Frequent Diarrhea
___ Diabetes Type _____
___ Excessive Thirst
___ Hypoglycemia
___ Liver Disease
___ Renal Disease
___ Thyroid Disease
___ Parathyroid Disease
___ Arthritis / Gout
___ Rheumatism
___ Pain in Jaw Joints
___ Cortisone Medicine
___ Artificial Joint
___ Venereal Disease
___ AIDS
___ HIV Positive
___ Genital Herpes
___ Drug Addiction
___ Substance Addiction
___ Cold Sores
___ Fever Blisters
___ Herpes
___ Stroke
___ Convulsions
___ Epilepsy or Seizures
___ Fainting or Dizziness
___ Glaucoma
___ Tumors or Growths
___ Psychiatric Care
___ Alzheimer's Disease
___ Allergies (medicines)
___ Allergies (dust/pollen)
___ Hives or Rash

Have you ever had any other serious illness not checked above? Discuss____

To the best of my knowledge, all the preceding answers are correct. If I have any changes in health status or if my medicine changes, I shall inform the dentist and staff at the next appointment.

X____ Date________________________
Patient Signature (PARENT OR GUARDIAN)

477 Bushkill Plaza Lane, Wind Gap, PA 1809 Call: 610.863.4692 Fax: 610.863.3052

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MEDICAL UPDATES

I have read my medical history dated ________________ and confirm that it adequately states past and present conditions.

DATE	EXCEPTIONS		PATIENT'S SIGNATURE	REVIEWED BY
_______	____________________________________	NONE [ ]	_________________________	______________________
_______	____________________________________	NONE [ ]	_________________________	______________________
_______	____________________________________	NONE [ ]	_________________________	______________________
_______	____________________________________	NONE [ ]	_________________________	______________________
_______	____________________________________	NONE [ ]	_________________________	______________________
_______	____________________________________	NONE [ ]	_________________________	______________________
_______	____________________________________	NONE [ ]	_________________________	______________________
_______	____________________________________	NONE [ ]	_________________________	______________________
_______	____________________________________	NONE [ ]	_________________________	______________________
_______	____________________________________	NONE [ ]	_________________________	______________________