Patient's name: _____

HEALTH HISTORY

As required by our law, our office adheres to written policies and procedures to protect the privacy of information about you that we create, receive or maintain. Your answers are for our records only and will be kept confidential subject to applicable law. This office doesn't use this information to discriminate.

Medical History

Physician		Office Phone	
Date of Last Exam			
Are you under medical treatment now?			☐ Yes ☐ No
Have ever been hospitalized for any surgical operation or serious illness within the last 5 years?			☐ Yes ☐ No
If yes, please explain			
Have you ever taken Fen-Phen/Redux?			☐ Yes ☐ No
Have you ever taken Fosamax, Boniva, Actoner or any cancer medications containing bisphosphonates?			☐ Yes ☐ No
Do you use tobacco?			☐ Yes ☐ No
Do you use controlled substances?			☐ Yes ☐ No
Have you ever had any of the following?			

☐	High blood pressure	☐	Heart Disease	☐	Heart Attack
☐	Cardiac Pacemaker	☐	Rheumatic Fever	☐	Heart Murmur
☐	Swollen Ankles	☐	Angina	☐	Cancer
☐	Frequently Tired	☐	Asthma	☐	Anemia
☐	Low Blood Pressure	☐	Emphysema	☐	Diabetes
☐	Fainting/Seizures	☐	Leukemia	☐	Arthritis
☐	Epilepsy/Convulsions	☐	Osteoporosis	☐	Kidney Disease
☐	Hepatitis/Jaundice	☐	AIDS/HIV Infection	☐	Thyroid Problem
☐	Sexually Transmitted Disease	☐	Stomach Troubles/Ulcers	☐	Acid Reflex
☐	Joint Replacement/Implant	☐	Chest Pains	☐	Easily wounded
☐	Hay Fever/Allergies	☐	Tuberculosis	☐	Stroke
☐	Radiation Therapy	☐	Liver Disease	☐	Glaucoma
☐	Recent Weight Loss	☐	Heart Trouble	☐	Respiratory Problem
☐	Mitral Valve Prolapse	☐	Other	☐	

Are you taking any medication(s) including non-prescription medicine?	☐ Yes ☐ No
If yes, please list the medication(s).	

Dental History

Name of Previous Dentist & Location		
Date of Last Exam		
What is the reason for your dental visit today?		
How do you feel about your smile?		
1. Do your gums bleed while brushing or flossing?		☐ Yes ☐ No
2. Are your teeth sensitive to hot or cold or pressure or sweets?		☐ Yes ☐ No
3. Does your mouth feel dry?		☐ Yes ☐ No
4. Do you feel pain in any of your teeth?		☐ Yes ☐ No
5. Do you have any sores or lumps in or near your mouth?		☐ Yes ☐ No
6. In the past,		
- Have you had any periodontal (gum) treatment?		☐ Yes ☐ No

Patient's name: _____

- Have you had any problems with previous dental treatment?	☐	Yes	☐	No
- Have you had prolonged bleeding after extraction?	☐	Yes	☐	No
7. Do you have any clicking/popping or discomfort in the jaws?	☐	Yes	☐	No
8. Do you brux or grind your teeth?	☐	Yes	☐	No
9. Do you have ulcers/sores in the mouth?	☐	Yes	☐	No
10. Do you wear dentures/partials?	☐	Yes	☐	No
11. Do you participate in active recreational activities?	☐	Yes	☐	No
12. Have you ever had serious injury to head or mouth?	☐	Yes	☐	No
13. Do you drink bottled/filtered water?	☐	Yes	☐	No
14. Do you grind your teeth?	☐	Yes	☐	No
15. Do you have any neck pains or earaches?	☐	Yes	☐	No
16. Date of last Dental X-Rays	☐	Yes	☐	No

I certify that I have read and understood the above; and the information provided by me is accurate to the best of my knowledge. I understand that providing incorrect information can be deleterious to my health. I will not hold my dentist or his staff responsible for any action they take / do-not take because of errors or omissions that I have made in completion of this form.

Signature of Patient/Legal Guardian Date

GENERAL DENTISTRY INFORMED CONSENT

I give consent for myself/my child to receive dental treatment deemed necessary by the providers at the Highlands Dental Care. These procedures include, but are not limited to; examinations, X-rays, oral prophylaxes (cleanings), fluoride treatments, sealants, restorations (amalgam or composite fillings and crowns), periodontal (gum) treatments, endodontic (root canal) treatments, extractions, and the use of local anesthetics. I understand that the use of local anesthetics carries a small risk for swelling, bruising, allergic reaction, changes in pain perception, or prolonged anesthesia. This consent shall be considered in effect until rescinded or revoked.

Signature of Patient/Legal Guardian Date