

Dover Periodontics

Name \_\_\_\_\_
Street \_\_\_\_\_
City & State \_\_\_\_\_ Zip Code \_\_\_\_\_
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_
Business Ph # \_\_\_\_\_ Email \_\_\_\_\_
Birth Date \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_
Height \_\_\_\_\_ Weight \_\_\_\_\_
Emergency Contact \_\_\_\_\_
Emergency Contact Phone \_\_\_\_\_
Pharmacy Name and Number \_\_\_\_\_

Date \_\_\_\_\_
Employer \_\_\_\_\_
Occupation \_\_\_\_\_
Social Security Number \_\_\_\_\_
General Dentist \_\_\_\_\_
Referred By \_\_\_\_\_
Physician \_\_\_\_\_
Marital Status \_\_\_\_\_
Spouse or Parent's Name \_\_\_\_\_
Dental Insurance \_\_\_\_\_

UPDATED MEDICAL HISTORY

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY:

- Dementia, Alzheimer's, Stomach Ulcers, Jaundice, Arthritis, Rheumatic Fever, Sinus Trouble, Psychiatric Care, HIV Infection, Alcohol/Drug Addiction, Joint Replacement, Cancer, Kidney Disease, Osteoporosis, Glaucoma, Epilepsy, High Blood Pressure, Low Blood Pressure, Tuberculosis, Diabetes-A1C, FBG, Persistent Cough, Hepatitis, Asthma, Blood Transfusion, STD/STI, Child Births, Thyroid Disorder, Heart Trouble, Congenital Heart Disease, Pacemaker, Heart Valve Prosthesis, Stroke, Heart Surgery, Heart Murmur/Echo, Facial Plastic Surgery/Filler

- 1, Date of your last physical examination and lab work-up?
2.Has there been any change in your general health in the last year?
Explain
3. Have you been under a doctor's care, hospitalized or seriously ill during the past 2 years?
Explain

PLEASE LIST ALL MEDICATIONS INCLUDING OTC, VITAMINS AND SUPPLEMENTS:

Table with 4 columns: DRUG, DOSE/FREQUENCY, DRUG, DOSE/FREQUENCY

- 4. Please list all allergies/unusual reactions to medications
5.Please list all other allergic reactions
6. Have you ever experienced excessive bleeding that required special treatment?
7. Have you ever had to pre-med before a dental appointment?
8. Do you smoke cigarettes/cigars/pipes/vape?
9. Are you pregnant?
10. Is your menstrual cycle regular?
11. Date of your last dental cleaning? Date of your last dental xrays?

Signature \_\_\_\_\_ Date \_\_\_\_\_