

### MEDICAL HISTORY

Patient Name: \_\_\_\_\_ Guardian Name (if minor): \_\_\_\_\_  
 Date of Birth (D/M/Y): \_\_\_\_\_ Address: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Best way to contact you: Cell Home Phone Text Email Employer/Occupation: \_\_\_\_\_  
 Dr. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Specialists Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 In the event of an emergency, whom should we contact? \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you hear about us? Walk-by Web Yelp Google DND Facebook UBC/AMS Friend Dental Specialist  
 Who should we thank for referring you? \_\_\_\_\_  
 Is English your first language? Yes No If no, do you need an interpreter? Yes No  
 Do you have any cultural or religious beliefs that might limit the delivery of oral health care treatments? Yes No  
 If yes, please explain: \_\_\_\_\_  
 How would you rate your general health? Excellent Good Fair Poor

### 2 QUESTIONS

- There are 5 reasons why a person resists going to the dentist; are any of these a factor and if so choose the **ONE** that is most important.  
Fear (How fearful, 1 (least) - 10 (most)) \_\_\_\_ Time Finances Trust No sense of urgency N/A
- Although all of these are important to your oral health which **ONE** of these are most important to you:  
Cosmetic Function Comfort Longevity

### DO YOU HAVE or HAVE YOU EVER HAD

- Hospitalization for illness or injury: Yes No If yes, please provide details: \_\_\_\_\_
- An Allergic reaction to: aspirin ibuprofen acetaminophen codeine penicillin tetracycline local anesthetic metals (nickel, gold, silver) fluoride sulfa erythromycin latex other \_\_\_\_\_
- Do you have a history of any of the following that may require antibiotic coverage?
  - Artificial heart valves. Yes No
  - A history of infective endocarditis. Yes No
  - A heart conditions present from birth including:
    - Unrepaired or incompletely repaired cyanotic congenital heart disease, including those with palliative shunts and conduits. Yes No
    - A completely repaired congenital heart defect with prosthetic material or device, whether placed by surgery or by catheter intervention with in the last six months. Yes No
    - Any repaired congenital heart defect with residual defect at the site or adjacent to the site of a prosthetic patch or a prosthetic device. Yes No
  - A cardiac transplant that developed a problem in a heart valve. Yes No
- Joint Replacement: Yes No If yes what joint? \_\_\_\_\_ When? \_\_\_\_\_

5.	Yes	No		Yes	No
Heart Attack - Date:			Emotional Disorders, Depression, Psychiatric Txt		
Cardiac Stent(s) - Date:			Epilepsy, convulsion (seizures)		
Stroke - Date:			Muscular dystrophy, multiple sclerosis		
High or Low Blood Pressure			Neurologic problems (ADD)		
Anemia or other blood disorder			Hepatitis - Type:		
Prolonged bleeding due to slight cut			Breathing or Sleep Problems (i.e. snoring, sinus)		
On blood thinners i.e. Coumadin, Adult Aspirin, Plavix (INR #: _____)			Unexplained sore throat, feeling like something is caught in throat or chronic hoarseness		
Emphysema			HIV/AIDS		
Tuberculosis			Colitis/Crohns		
Asthma: Where do you keep your inhaler?			Eating Disorder (Bulimia, Anorexia Nervosa)		
Thyroid Disease			Lupus		
Kidney Disease			Cold Sores		
Liver Disease			Head or Neck injuries		
Jaundice			Lumps or swelling in the mouth or neck area		
Cancer - Type:			Digestive disorders (i.e. Gastric reflux)		
Radiation/Chemotherapy			Drug Dependency - Type:		
Male Only: Prostate disorders			Consumer of alcohol - # times per week:		

- Female:  Osteoporosis? If **No**, have you ever been tested for osteoporosis? Yes No  Take Fosamax, Fosamax plus D for osteoporosis or for any other reason?  Prone to yeast infections
- Any medical condition(s) or impending surgery not listed Yes No. If yes, please indicate:

**List all prescribed medications & over-the-counter supplements and vitamins that you are currently taking.**

Drug	Purpose	Drug	Purpose
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Gum disease has been linked with an increased risk for many chronic diseases. Eliminating gum disease is especially important to the oral *and* overall health of the following patients** (please indicate which apply):

**Tobacco User:**

Current Tobacco User:  **Yes**  **No** If yes, do you want to quit?  **Yes**  **Contemplation Phase**  **No**

What form (cigarettes, pipe, chew, marijuana, e-cigarettes etc.)? \_\_\_\_\_

How much/day \_\_\_\_\_ For How Long? \_\_\_\_\_

Previous Tobacco user:  **Yes**  **No** If **yes**, when did you quit? \_\_\_\_\_

Tobacco users are more likely to develop gum disease which is more severe and more difficult to eradicate. Gum disease itself has recently been linked with an increased risk for heart disease. Since tobacco users are already at an increased risk for heart disease (and since gum disease only worsens that risk) it is vitally important for tobacco users to do whatever is necessary to eliminate gum disease.

**Diabetes:**  **Yes**  **No**

What type?  Type I  Type II. Date of last HbA1c: \_\_\_\_\_ . How is your diabetes control?

**Good** (<7% A1c/140 mg/dL)  **Fair** (7-9% A1c/140-220 mg/dL)  **Poor** (>9 A1c/>330mg/dL)  **Don't Know**

Diabetes is a well-known risk factor for gum disease. Research is confirming that when left untreated gum disease makes it harder for you to control your blood sugar. Elimination of gum disease can improve your blood sugar control.

**Family History of Diabetes:**  **Yes**  **No**

If yes who? \_\_\_\_\_  Spouse with gum disease (Gum disease may be transmissible)

**Family History of Gum Disease:**  **Yes**  **No**  **Don't know**. If **yes** who \_\_\_\_\_.

Some people are genetically prone to developing gum disease even if they take care of their mouths.

**Stress:** Is your stress level too high?  **Yes**  **No**

Stress is a well-known risk factor for gum disease. Life altering events (loss of job, divorce, death in family, moving) can be particularly strong factors for Gum disease. Are you currently going through any life altering events?  **Yes**  **No** If yes what? \_\_\_\_\_

**Rheumatoid Arthritis:**  **Yes**  **No**

There is a bi-directional connection between rheumatoid arthritis and gum disease. If you have arthritis you are at an increased risk for gum disease. Emerging research suggests that eliminating any gum disease and then keeping it at bay can lessen the crippling effects of arthritis.

**Overweight:** Are you overweight?  **Yes**  **No**

Being overweight is now recognized as a strong risk factor for gum disease. Obesity and gum disease are both risk factors for heart disease and diabetes. Thus, if you're over your ideal weight it is vitally important for you to eliminate any gum inflammation to lower your risks for more serious health problems.

**Medications:**

Some drugs can affect your oral health are you taking any of the following:

Taking Dilantin  Ca+ Channel Blockers  Immunosuppressant's for organ transplantation

Oral contraceptives  Anti-depressants

**Hormones:** Do any of the following apply?  **Puberty**  **Pregnant**  **Menopause**  **Post-Menopause**

Pregnant If **yes** how many weeks? \_\_\_\_\_  Nursing

The presence and lack of certain hormones during puberty, pregnancy and menopause may impact the gingival health. Puberty includes gingivitis and aggressive periodontitis, pregnancy includes pregnancy gingivitis and menopause includes menopausal gingivostomatitis, which manifests itself as dry or shiny, bleeding and ranges from abnormally pale to deep red.

**Clenching and Grinding:** Do you clench or grind?  **Yes**  **No**

Excess force is put on the supporting tissues of the teeth and could speed up the rate at which these periodontal tissues are destroyed.

I, the undersigned, certify that all the medical and dental information provided is true to the best of my knowledge, and I have not knowingly omitted any information.

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_