

Medical History Update

Patient Name: _____ **Date:** _____

Recent research indicates a strong relationship between the mouth and the body. Since we now know how closely they are related, we are going to be asking you some questions about your family history and your overall health that we may not have asked you about before. This additional information will assist us in providing the best possible care to maintain your oral health and overall wellness.

Any changes in your health since your last dental visit? Yes No If yes, please list:

What medications are you taking? _____

Any changes in medication dosage or medications? Yes No If yes, please list:

What over the counter or 'herbal/natural' supplements are you taking on a regular basis? Please list:

Are you taking any bisphosphonates in the past or presently? Yes No If yes, please provide details:

Do you have a persistent sore throat, hoarseness, ear ache or feeling of something being caught in your throat?

Yes No If yes, please provide details:

Have you had any surgery or been hospitalized since your last visit? Yes No

If yes, please explain: _____

Are you being treated for any medical problem presently? Yes No

If yes, please explain: _____

Have you ever taken antibiotics prior to having your teeth cleaned or before dental work? Yes No

If yes, please explain: _____

Any allergies to drugs, food, metal or latex? Yes No

If yes, please list: _____

History of illness or disease in family?

If yes, please explain: _____

Have you been diagnosed with diabetes? Type I Type II Pre-diabetes

Diet-controlled Medication controlled Under control: Yes No

Have you had any heart problems or a knee, hip or prosthetic joint replacement? Yes No

If yes, provide details: _____

Have you had a bone mineral density test? Yes No Results: _____

Female clients; Are you pregnant? Yes No

On a scale of 1 to 10 (10 being highest), how would you rate your general health at this time? _____

How would you rate your level of stress presently? Low Moderate High

On a scale of 1 to 10 (10 being highest), how closely related is the health of your mouth to your overall health in your opinion? _____