Medical History

Bagdad DENTAL

Patient Name: _____ Birth Date: _____ Physician Name: _____

YES	NO	
☐	☐	1. Have you been hospitalized within the past 2 years? For what? _____
☐	☐	2. Are you currently being treated by a physician? For what? _____
☐	☐	3. Are you currently taking any medicines or drugs? List medications _____
		_____
		_____
☐	☐	4. Have you been diagnosed with any heart problem? Describe _____
☐	☐	5. Have you had any artificial joint replacements? When _____
☐	☐	6. Are you allergic to any drugs? What? _____
☐	☐	7. Do you have an allergy or sensitivity to latex?
☐	☐	8. Do you bleed excessively upon injury?
☐	☐	9. Are you pregnant? If yes, when are you due? _____
☐	☐	10. Have you taken steroids in the past two years? For what? _____
☐	☐	11. Are you worried about receiving dental treatment? Why? _____

Medical Conditions

Have you experienced any of the following? *Check yes or no for each condition.*

YES	NO		YES	NO		YES	NO		YES	NO	
☐	☐	AIDS	☐	☐	Diabetes	☐	☐	High Blood Pressure	☐	☐	Stroke
☐	☐	Arthritis	☐	☐	Epilepsy	☐	☐	Jaundice	☐	☐	Tuberculosis
☐	☐	Asthma	☐	☐	Glaucoma	☐	☐	Kidney Problems			
☐	☐	Cancer	☐	☐	Hepatitis	☐	☐	Low Blood Pressure			

Any other disease or condition not listed? _____

Signature: _____ Date: _____ Dr. Signature: _____ Date: _____

Updates

Signature: _____ Date: _____ Dr. Signature: _____ Date: _____

Signature: _____ Date: _____ Dr. Signature: _____ Date: _____

Signature: _____ Date: _____ Dr. Signature: _____ Date: _____

Signature: _____ Date: _____ Dr. Signature: _____ Date: _____

DR. NOTES	BLOOD PRESSURE