

K.L.O. Dental - CONFIDENTIAL MEDICAL HISTORY

Patient _____ Dr. _____

Physician's name _____ Phone # _____

1. Are you in good health? Yes ___ No ___ If no, please provide details _____

2. When was the last time you had a medical examination? _____

3. Are you presently receiving treatment for any illness? If yes, please provide details: _____

4. Have you ever been hospitalized? If yes, please provide details _____

5. Do you have any heart or circulatory problems? Yes ___ No ___ Do you have a pacemaker? Yes ___ No ___

6. Have you ever had rheumatic fever? Yes ___ No ___ If yes, when _____

7. Have you ever been advised to take antibiotic pre-medication prior to dental treatment? Yes ___ No ___

8. Do you have allergies? Seasonal/hayfever ___ Food _____

Medication _____ Other _____

9. Are you presently taking any kind of medication? If yes, please specify:

Drug _____ Reason _____

Drug _____ Reason _____

10. Have you ever had a reaction to any kind of medicine or dental local anaesthetic? If yes, please provide details: _____

11. Female patients – Are you pregnant or think you may be pregnant? Yes ___ No ___ Breastfeeding? Yes ___ No ___

12. Please indicate below (✓) if you presently have or have ever had any of the following:

AIDS/HIV Diabetes Liver disease (Hepatitis/Jaundice) Alcohol or chemical dependency Eating disorders Stroke

Lung disease/chest pains Arthritis or Rheumatism Epilepsy/seizures Mental or nervous disorder Artificial joints or valves

Fainting/dizzy spells Stomach ulcers Asthma High/low blood pressure Blood transfusion Hyper/hypo glycemia

Tuberculosis Cancer/radiotherapy/chemotherapy Kidney disease Venereal/communicable disease

12. Do you smoke? If yes, how much per day? _____ per week? _____

13. Do you grind or clench your teeth? Yes ___ No ___

14. Do you suffer from headaches ___ earaches ___ or neck aches ___?

15. Is there any additional information related to your health that has not been addressed above? _____

Patient or guardian's signature

Date

Reviewed by

Date
