

Add your logo



Medical Patient History

User Information

First Name

Jan

Email

janb@gmail.com

Last Name

Brady

Current Location

Opening

PATIENT INFORMATION

Welcome to _____ Medical Center. We appreciate the confidence you place with us to provide your dental care. In effort to understand your state of oral health and well being, we ask that you fill out the following form.

Please inform us of any futur

MEDICAL HEALTH HISTORY

Patient Name

Jan Brady

Date of Birth

Day

08

Month

05

Year

1982

Age

37

Physician Name (MD)

Meredith Gray

How would you state your present health?

Good

Medical Questions

PLEASE ANSWER YES OR NO, WITH EXPLANATION ON ALL YES ANSWERS:

Are you currently under the care of a physician?

Yes

Yes?

Meredith Grey

Have you ever been hospitalized or had any serious illness?

No

Yes?

Have you had excessive bleeding following an extraction or do cuts take longer to heal now than previously?

No

Yes

Do you use alcohol or any recreational drug that may have an effect on dental treatment?

Yes

Yes?

Medical Issues (#1)

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Medical Patient History

Integument (skin)

- Eruptions
- Abnormal growths

Head

- Head and neck injury
- Recurrent headaches
- Dizziness

- Syncope (fainting)
- Epilepsy
- Convulsive seizures
- Stroke

Eyes

- Glaucoma

Neck and Throat

- Sore throats
- Hoarseness
- Trouble swallowing

Lymph Nodes

- Lymphadenopathy
- Pain
- Suppuration / draining

Medical Issues #2

Respiratory

- Shortness of breath
- Difficult breathing
- Persistent cough
- Cough up blood
- Asthma
- Emphysema
- Bronchitis

- Tuberculosis

Cardiovascular

- Chest Pain
- Shortness of Breath
- Numbness/tingling
- Rheumatic Fever
- Scarlet fever
- Heart murmur

- Irregular heart beat
- Heart attack
- Angina
- High Blood Pressure
- Congenital heart disease
- Artificial heart valve
- Pacemaker
- Heart surgery

Medical Issues (#3)

Gastrointestinal

- Ulcers
- Jaundice
- Hepatitis

- Excessive bleeding
- Hemophilia

Endocrine System

- Diabetes
- Throid condition
- Goiter

Hemopietic

- Anemia
- Bruise easily

- Bone fractures
- Joint pain
- Swelling
- Arthritis
- Artificial joints
- Hip or joint replacement

Bones, Joints, Muscles

Medical Issues (#4)

Miscellaneous

- Tire easily/weakness
- Marked weight change
- Persistent fever
- Night sweats
- Herpes
- Venereal Disease

- AIDS, or ARC
- Tumors or growths
- Cancer
- Radiation therapy
- Psychiatric treatment

Allergic / Immunologic System

- Asthma/hay fever

- Dermatitis
- Urticaria (rashes)
- Eczema
- Edema
- Difficult breathing
- Foods

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Medical Patient History

Allergies

Are you allergic or have you every experienced any unusual reaction to the following:

- Local anesthetic
- Pencillin / other antibiotics

- Sulfa drugs
- Barbiturates / sedatives or tranquilizers
- Aspirin

- Advil / Nuprin
- Codeine
- Other

Medications

Please list all medication, over the counter and prescription medications you are taking.

- Antibiotics
- Anticoagulants
- Contraceptives
- Cortisone/steroids

- Hormones
- Nitroglycerin
- Insulin or pills
- Tranquilizers
- Cold Medications

- Antihistimines
- Blood Pressure Medication
- Other
- Vitamins

Additional Information

Additional Notes/Comments

Overall Good Health

Signature

To the best of my knowledge, the fore going questions have been accurately answered. I grant the right to _____ Dental Center to release health information obtained from me and information about my dental treatment to third party payers and/or other au

Signature of person completing this form

Capture Images

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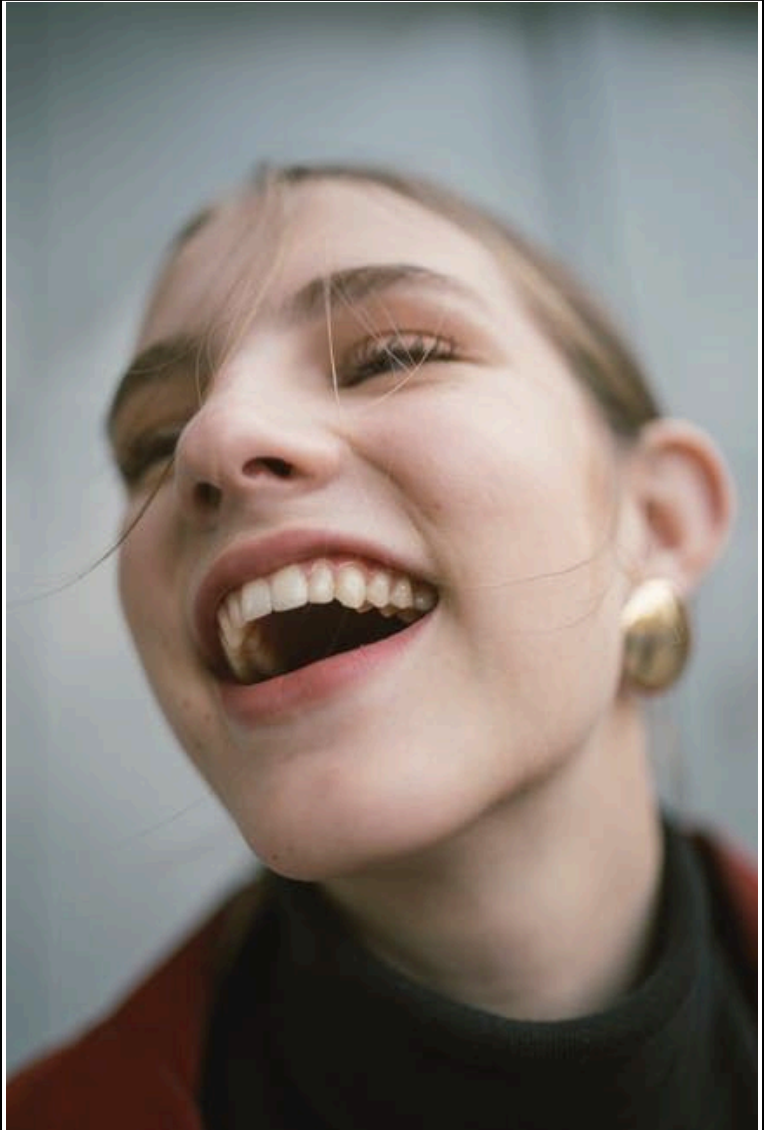


Medical Patient History

Photographs

Teeth

Capture Images



Final Screen

Relationship to patient, if other than patient

Slef

Date

11/15/2019

Time

13:55