

**ADULT MEDICAL HISTORY**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Physician's Name \_\_\_\_\_ City/State \_\_\_\_\_

Date of last physical exam \_\_\_\_\_ Reason \_\_\_\_\_

Major Surgery or Stay in Hospital for \_\_\_\_\_

Women:  Pregnant \_\_\_\_\_ weeks Due Date \_\_\_\_\_  Nursing  Using oral contraceptives

My physician recommends that I take prophylactic antibiotics before dental procedures.

Current Medications & Supplements \_\_\_\_\_

Please  and underline or circle specific health issues that you have now or had in the past. Clarify when appropriate.

- Heart disease / Heart attack
- Pacemaker / Defibrillator
- Chest pain / Angina
- Heart murmur / Defects / Mitral valve prolapse
- Infective endocarditis / Rheumatic fever
- High blood pressure / Low blood pressure
- Artificial joints: Hip / Knee / Shoulder / Other
- Blood vessel disease
- Stroke / TIA / Blood clots
- Bruise or bleed easily / Hemophilia
- Fainting / dizziness / vertigo
- Asthma / Other lung disease
- TB (tuberculosis)
- Snoring / Sleep apnea
- Grind or clench teeth / painful jaw joints
- Headaches (frequent) / Migraines
- Arthritis / rheumatoid / osteoarthritis
- Osteoporosis / Bisphosphonates
- Musculoskeletal problems / Back / Neck
- Epilepsy / Neurologic disorder
- Parkinson's disease
- Fibromyalgia
- Multiple Sclerosis / Muscular Dystrophy
- Thyroid disease
- Steroids / Frequent / Long Term
- Diabetes / Type I / Type II
- Kidney disease / impaired function
- Liver disease / Cirrhosis
- Stomach / GI / Ulcers / Colitis / Celiac disease
- Heartburn / Acid reflux / Esophageal reflux
- Bulimia / Anorexia
- Gum disease / loose teeth / bone loss
- Dry mouth / Sjogren's syndrome
- Mouth ulcers / Cold sores
- Autoimmune disease / Lupus
- Smoking / chewing tobacco
- Eye problems / Ear problems
- ADHD / ADD
- Depression / Anxiety / Panic attacks
- Mental impairment
- Psychiatric problems
- Dementia / Alzheimer's
- Alcoholism / Drug addiction
- Prescription pain meds (dependent use or abuse)
- Recreational drug use
- Pancreatitis
- HPV (Human Papilloma Virus)
- Hepatitis, Type A B C D
- HIV+ / AIDS
- Herpes Type 2 / Sexually Transmitted Disease
- Cancer, malignant \_\_\_\_\_
- Tumors, benign \_\_\_\_\_
- Radiation / Chemotherapy

**Allergies:**

- Penicillin
- Clindamycin
- Aspirin / Ibuprofen / NSAIDS
- Tylenol
- Codeine

- Latex
- Dental anesthetics
- Sulfite preservatives
- Metals
- Foods
- Hay fever, seasonal

**Other Allergies or Health Issues:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have answered these questions to the best of my ability. I will notify the office of any changes.

Patient or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Pewarchuk Dental Clinic - 633 Goldstream Avenue, Victoria - V9B2W9 - 250-4788533