Lakeside
FAMILY DENTAL CARE

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HEALTH HISTORY

First Name_____ Last Name_____ MI_____ Ph# ( ) _____-_____
What is your chief Dental concern? _____ Birth Date ___/___/___
List all medicines you are taking: _____
_____

For Office Use Only

Do you have, or have you had any of the following? (Check Yes/No for each question.)

	Yes	No		Yes	No
Allergies to medications (Please List):	☐	☐	**Tuberculosis date_____**	☐	☐
_____			**Respiratory Disease**	☐	☐
_____			**Do you currently use tobacco?**	☐	☐
			Do you have a history of tobacco use?	☐	☐
Ill effects from codeine, aspirin, latex,	☐	☐	**Asthma/Bronchitis/Pneumonia**	☐	☐
anesthetics, novocaine, antibiotics	☐	☐	**Emphysema**	☐	☐
High blood pressure	☐	☐	**Pins, Screws or Plates location _____**	☐	☐
Low blood pressure	☐	☐	**Joint Replacement location_____date _____**	☐	☐
Heart Condition	☐	☐	**Thyroid problems**	☐	☐
Pacemaker	☐	☐	**Ear Infections**	☐	☐
Angina (Chest Pain)	☐	☐	**Sinus trouble**	☐	☐
Nitro patches	☐	☐	**Lupus Erythematosis**	☐	☐
Stroke	☐	☐	**Growth/Tumor/Cancer _____**	☐	☐
Prosthetic artery replacement	☐	☐	**Radiation treatment _____**	☐	☐
Prosthetic heart valves (Artificial)	☐	☐	**Chemotherapy**	☐	☐
Heart Attack(s) date _____	☐	☐	**Glaucoma**	☐	☐
By-Pass surgery date _____	☐	☐	**Cold Sores (Herpes)**	☐	☐
Cardiac Stent	☐	☐	**Venereal Disease**	☐	☐
Diabetes	☐	☐	**Periodontal/gum surgery date _____**	☐	☐
Hypoglycemia	☐	☐	**Prolonged bleeding tendency**	☐	☐
Hepatitis	☐	☐	**Blood thinners**	☐	☐
Liver Disease	☐	☐	**Are you pregnant?**	☐	☐
Osteoporosis	☐	☐	**Excessive emotional stress**	☐	☐
HIV/AIDS	☐	☐	**Frequent headaches/migraines**	☐	☐
Blood Transfusion(s) date_____	☐	☐	**Arthritis/sore joints**	☐	☐
Kidney Disease	☐	☐	**("TMJ") Jaw Joint Problems**	☐	☐

Are you currently or have you ever taken any of the following medications:
Bisphosphonate ex Fosamax, Skelid, Zometa, Actonel, Aredia, Boniva, Bonefos, etc. ☐ ☐

Medical problems not listed above _____

Previous Surgeries/Date(s) _____

Signature_____ Date _____

Thank you for choosing Lakeside Family Dental Care!

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____ _____
_____ _____ CR# INITIALS