



Southern Colorado Periodontics & Implants – Medical/Dental History Form

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please include all of your health history. It may surprise you, conditions that can affect periodontal health.

**Medical History:**

Who is your primary care **physician**? \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide your preferred **pharmacy** information: \_\_\_\_\_

Do you have, or ever had any of the following conditions? Please circle.

Heart attack	Diabetes	Psychiatric conditions	Osteoporosis
Stroke	Pre-diabetes	Smoking (any products)	Taken bone modifying drugs
Chest pain	Family history of diabetes	Illegal drugs	Tuberculosis
Seizures	Stomach/digestive disorders	Kidney problems	Human papilloma virus
Heart surgery	Throat problems	Arthritis	Admitted (overnight) to hospital
Infective endocarditis (heart infection)	Thyroid problems	Tremors	Currently pregnant
Bleeding problems	Skin disorders	Auto-immune disorders	Special diet
High blood pressure	Endocrine problems	Artificial joints	Difficulty walking 2 blocks or 1 flight of stairs
Sleep apnea	Liver disease	HIV/AIDS	
Asthma	Consume > 20 alcoholic drinks/week	Cancer	
Lung problems		Head & neck radiation	
		Chemotherapy	

If YES to asthma, do you have attacks or need rescue inhaler? Y/N What triggers your asthma? \_\_\_\_\_

If YES to smoking, how much \_\_\_\_\_ per day. How many years? \_\_\_\_ Quit date? \_\_\_\_\_

If YES to diabetes, what was last HbA1C? \_\_\_\_\_% Date: \_\_\_\_\_ Do you check blood sugar daily? Y/N

If YES to bone-modifying drugs, which medicine? \_\_\_\_\_ How long taken? \_\_\_\_\_

**Medications**

Please write, or give us a copy of all your medications: \_\_\_\_\_

Any drug **allergies**: \_\_\_\_\_

**Dental History**

What can we help you with? \_\_\_\_\_

Any current pain in your mouth? Describe: \_\_\_\_\_

Do you have dental anxiety, and/or any special difficulty with dental visits? Describe: \_\_\_\_\_

Do you ever grind or clench your teeth? Y/N What about in your sleep? Y/N

Patient Signature: \_\_\_\_\_

Dentist Signature: \_\_\_\_\_