PATIENT HEALTH INFORMATION

O'Hara DENTISTRY

Name_____ Date of Birth_____

Dental Health

Reason for this visit_____ Date of last visit_____

Date of last x-rays? _____May we request these x-rays from your previous dentist? _____

Name and address of your previous dentist _____

_____

Have you had any problems associated with past dental care? _____

How would you rate your present dental health? Good____ Fair____ Poor___

Do you use floss daily? _____ Do you have pain in any of your teeth or jaw? _____

Do your gums bleed easily?_____ Do you clench or grind your teeth or jaw?_____

MEDICAL HEALTH

1. Has there been any change in your general health within the past year? **YES**____ **NO**_____

Please explain: _____

2. Are you under the care of a physician at present? **YES**____ **NO**____

Please explain: _____

3. What medications are you currently taking? _____

_____

4. Please list any allergies or medications you are allergic to: _____

_____

5. Have you ever had excessive bleeding requiring special treatment? **YES**____ **NO**____

Please explain: _____

6. When was your last physical exam? _____Physician's Name _____

List any problems found: _____

7. Women: Are you pregnant now? **YES**____ **NO**____ Due Date _____

8. Have you ever been treated for or been told by a doctor that you have or had any of the following conditions:

	Yes	No		Yes	No
Mitral Valve Prolapse			Cancer		
Congenital Heart Problems			Tuberculosis		
Heart Murmur			Venereal Disease		
Heart Trouble/Heart Surgery			Severe Headaches		
Angina			Hepatitis (Jaundice)		
Cardiac Pacemaker			Epilepsy or seizures		
Low Blood Pressure			Psychiatric Treatment		
High Blood Pressure			Diabetes or Hypoglycemia		
Stroke			AIDS/HIV		
Leukemia			Chronic Cough		
Anemia			Herpes or Fever Blisters		
Asthma			Sinus Trouble (Recurrent)		
Hay Fever or Allergies			Canker Sores (Recurrent)		
Rheumatic Fever			Joint Surgery or Joint Replacement		
Arthritis or Rheumatism			Date of Replacement Surgery		
Kidney Disease					

9. Is there any information about your health that has not been covered above?_____

_____

To the best of my knowledge, this information provided is true and correct.