DISTINCTIVE DENTISTRY *of* CHARLOTTE

Patient's Name:_____ Nickname:_____ Age:

Name of Physician/and their specialty:_____ /

Most recent physical examination:___/___/___ Purpose:_____

What is your estimate of your general health?: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

DO YOU HAVE or HAVE YOU EVER HAD	Yes	No
01. hospitalization for illness or injury	☐	☐
02. an allergic reaction to		
aspirin, ibuprofen, acetaminophen, codeine	☐	☐
penicillin	☐	☐
erythromycin	☐	☐
tetracycline	☐	☐
sulfa	☐	☐
local anesthetic	☐	☐
fluoride	☐	☐
metals (nickel, gold, silver, _____)	☐	☐
latex	☐	☐
Any other medications _____	☐	☐
03. heart problems, or cardiac stent within the last six months	☐	☐
04. history of infective endocarditis	☐	☐
05. artificial heart valve, repaired heart defect (PFO)	☐	☐
06. pacemaker or implantable defibrillator	☐	☐
07. artificial prosthesis (heart valve or joints)	☐	☐
08. rheumatic or scarlet fever	☐	☐
09. a high or low blood pressure	☐	☐
10. a stroke (taking blood thinners)	☐	☐
11 . anemia or other blood disorder	☐	☐
12. prolonged bleeding due to a slight cut (INR >3.5)	☐	☐
13. emphysema, sarcoidosis	☐	☐
14. tuberculosis	☐	☐
15. asthma	☐	☐
16. breathing or sleep problems (i.e. snoring, sinus)	☐	☐
17. kidney disease	☐	☐
18. liver disease	☐	☐
19. jaundice	☐	☐
20. thyroid, parathyroid disease, or calcium deficiency	☐	☐
21. hormone deficiency	☐	☐
22. high cholesterol or taking statin drugs	☐	☐
23. diabetes (HbA1c = _____)	☐	☐
24. stomach & duodenal ulcer	☐	☐
25. digestive disorders (i.e. gastric reflux)	☐	☐
26. osteoporosis/osteopenia (i.e. taking bisphosphonates)	☐	☐
27. arthritis	☐	☐
28. glaucoma	☐	☐
29. contact lenses	☐	☐
30. head or neck injuries	☐	☐
31. epilepsy, convulsions (seizures)	☐	☐
32. neurologic problems (attention deficit disorder)	☐	☐
33. viral infections and cold sores	☐	☐
34. any lumps or swelling in the mouth	☐	☐
35. hives, skin rash, hay fever	☐	☐
36. STI/STD	☐	☐
37. hepatitis (type:_____)	☐	☐
38. HIV/AIDS	☐	☐
39. tumor, abnormal growth	☐	☐
40. radiation therapy	☐	☐
41. chemotherapy	☐	☐
42. emotional problems	☐	☐
43. psychiatric treatment	☐	☐
44. antidepressant medication	☐	☐
45. alcohol/street drug use	☐	☐
ARE YOU:		
46. presently being treated for any other illness	☐	☐
47. aware of a change in your health (I.e. fever, new cough)	☐	☐
48. taking medication for weight management (i.e. fen-phen)	☐	☐
49. taking dietary supplements	☐	☐
50. often exhausted or fatigued	☐	☐
51. experiencing frequent headaches	☐	☐
52. a smoker, smoked previously or use smokeless tobacco	☐	☐
53. FEMALE - taking birth control pills	☐	☐
54. FEMALE - pregnant	☐	☐
55. MALE - prostate disorders	☐	☐

List all medications, supplements, and or vitamins taken within the last two years

Drug	Purpose	Drug	Purpose