PERSONAL HISTORY

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AIDS or HIV Liver Disease Diabetes Earlier Blood Disorder Mental or Nervous Disorder Arthritis Do y Genetic Syndromes: Other:	-
Blood Disorder	ating Disorders
Food/ Environment Allergies: Do y Genetic Syndromes: Other:	_
Genetic Syndromes: Other:	earing Aid
Other:	ou carry an Epi-Pen? YES or NO
Have you ever had any heart condition? YES or NO	
☐ Heart Attack ☐ Artificial Heart Valves	
☐ Heart Murmur ☐ Heart Surgery	
☐ Heart Disease ☐ Cardiac Pacemaker	
Have you been advised to take antibiotics before any dental work? YES or NO	
. Do you have any prosthetic implants? YES or NO	
. Have you ever been treated for any type of Cancer? If yes, what type?	
D. Have you had any unusual reaction to local / general anaesthetic / nitrous oxide sedation?	YES or NO
I. Do you have any family history of Malignant Hyperthermia? YES or NO	
2. Do you take birth control pills? YES or NO	
Are you pregnant or suspect that you may be? YES or NO If yes how many months?	



What brings you to see us today?		
How did you hear about the office?		
What are your expectations of us as your dental care providers?		
What are your goals for your teeth, your mouth, and your smile?		
Share with us some of your experiences in your previo	ous dental offices. Things you liked? Things you disliked?	
On a scale of 1 to 10, how important is it for you to kee	ep your teeth? (10 most important)	
When was your last dental visit?		
When was your last appointment?		
What has been the focus of your past dental hygiene	care?	
When was your last set of x-rays taken?		
What does your current homecare routine include?		
☐ Electric brush ☐ Floss ☐ Sulca brush ☐ Stimudents ☐ Other:	☐ Manual brush how often- 1 2 3 4 5x/day ☐ Proxabrush ☐ Rinse ☐ Toothpicks ☐ Other:	
Have you ever been told you have gum disease?	YES or NO	
Do your gums bleed with brushing or flossing?	YES or NO	
Have you ever had orthodontic treatment?	YES or NO	
Have you had your wisdom teeth extracted?	YES or NO	
Have you ever had gum surgery?	YES or NO	
Are there any areas of your mouth that concern you a	t this time? Any discomfort or sensitivity?	
What questions can we answer for you?		