DEVITO DENTAL SOLUTIONS

MEDICAL HISTORY

CURRENT HEALTH IS: GOOD_______________FAIR________________POOR_________________________

ARE YOU CURRENTLY UNDER THE CARE OF A PHYSCIAN: Y   N   IF YES WHY?_______________________

____

LIST ANY MEDICATIONS YOU ARE ALLERGIC TOO:____

____

ARE YOU PREGANT? YES______NO________ HOW MANY WEEKS?____________

HAVE YOU EVER BEEN DIAGNOSED WITH OR HAVE: PLEASE CHECK ALL THAT APPLY

____Blood disorder	____Low or High blood pressure	____Stroke
____Radiation/chemotherapy	____ Scarlet Fever	____ Liver Disease
____Fainting spells	____ Heart murmur	____ Diabetes
____Anemia	____ Artificial/bones/joints	____Seizures
____Hepatitis type	____ Heart Attack/Heart surgery	____Tuberculosis
____Alcohol/drug abuse	____ Artificial valve replacement	____Pacemaker
____Smoker/tobacco use	____ Mitral Valve Prolapse	____Mental Health

Have you ever required Pre-medication with antibiotics prior to dental treatment before? YES   NO

If yes please explain____

LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING OR PROVIDE A LIST__________________________

DENTAL HISTORY:

How long since your last dental visit?__________________________

What would you like to do to improve your smile?____

Patient/ Guardian’s signature/Date______________________________Provider’s____________________