## **LAKEVILLE ADVANCED DENTAL CARE**

## **MEDICAL HISTORY**

PATIENT NAME:		DATE	OF BIRTH:	DATE:
Please answer completely to the best o an important interrelationship with the	-		•	at you have or medications that could have
Are you under a physician's care?	Yes	No	If yes:	
Have you recently been hospitalized or had a major operation?	Yes	No	If yes:	
Are you currently taking any blood thinners such as Aspirin, Warfarin, Coumadin?	Yes	No	If yes:	
Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphospho		No	If yes:	
Are you taking any other medications, herbal supplements, vitamins, etc?	Yes	No	If yes:	
Have you ever been told to pre medicate prior to dental appointments?	Yes	No	If yes:	
Have you ever had a serious head or neck injury?	Yes	No	If yes:	
Are you on special diet?	Yes	No	If yes:	
Do you use tobacco, including e-cigs?	Yes	No	If yes:	
Do you use recreational substances?	Yes	No	If yes:	
Women: Are you  Pregnant/Trying to get pregnant?			Nursing?	Taking oral contraceptives?
Are you allergic to any of the following?				
Aspirin Penicilli	n		Codeine	Acrylic
Metal Latex _			Sulfa Drugs	Local Anesthetics
Do you have any other allergies?	Yes	No	If yes, please list	

## **MEDICAL HISTORY CONTINUED**

Do you have or have you ever had, any of the following?

Alzheimer's Disease Anaphylaxis Anemia Anemia Yes No Anemia Yes No Angina Yes No Excessive Bleeding Yes No Excessive Bleeding Yes No Excessive Thirst Yes No Fainting Spells/Dizziness Frequent Cough Leukemia Yes No Excessive Thirst Yes No Frequent Cough Yes No Excessive Thirst Yes No Frequent Cough Yes No Frequent Cough Yes No Tonisilitis Yes No Thyroid Disease Yes No Tonsillitis Yes No Tonsillitis Yes No Tumors or Growths Yes No Ulcers Yes No Cortisone Medicine Yes No Drug Addiction Easily Winded Yes No Emphysema Yes No High Cholesterol Hives or Rash Hyes No Hypoglycemia Yes No Stomach/Intestinal Disease Yes No Congenital Heart Disorder Convulsions Yes No Convulsions Yes No Have you ever had any serious illness not listed above? If yes:  Comments:	Hemophilia	Yes	No
Anemia Yes No Angina Yes No Epilepsy or Seizures Yes No Excessive Bleeding Yes No Excessive Bleeding Yes No Excessive Thirst Yes No Frainting Spells/Dizziness Yes No Frequent Cough Yes No Liver Disease Yes No Edwilling of Limbs Yes No Chyroid Disease Yes No Consillitis Yes No Fullows Yes No Fullows Yes No Cortisone Medicine Yes No Diabetes Yes No Diabetes Yes No Diabetes Yes No Easily Winded Yes No Emphysema Yes No High Cholesterol Yes No Hypoglycemia Yes No Estroke Yes No Concarer Yes No Congenital Heart Disease Yes No Congenital Heart Disorder Yes No Convulsions Yes No Contest Pains Yes No Convulsions Yes No Convulsions Yes No Convulsions Yes No Contest Pains Yes No Convulsions Yes No Convulsions Yes No Convulsions Yes No Contest Pains Yes No Convulsions Yes No Convulsions Yes No Convulsions Yes No Convulsions Yes No Contest Pains Yes No Convulsions Yes No Convulsions Yes No Convulsions Yes No Convulsions Yes No Contest Pains Yes No Convulsions Yes No Convulsions Yes No Convulsions Yes No Convulsions Yes No Contest Pains Yes No Convulsions Yes No Convulsi	Hepatitis A	Yes	No
Angina An	Hepatitis B or C	Yes	No
Epilepsy or Seizures Excessive Bleeding Excessive Bleeding Excessive Thirst Frequent Cough Frequent Cough Excessive Thirst Frequent Cough Frequent Frequent Frequent Cough Frequent	Herpes	Yes	No
Excessive Bleeding Excessive Thirst Excessive Third	High Blood Pressure	Yes	No
Excessive Thirst Yes No Fainting Spells/Dizziness Yes No Frequent Cough Yes No Leukemia Yes No Leukemia Yes No Liver Disease Yes No Swelling of Limbs Yes No Thyroid Disease Yes No Tonsillitis Yes No Touberculosis Yes No Tumors or Growths Yes No Vellow Jaundice Yes No Cortisone Medicine Yes No Drug Addiction Yes No Easily Winded Yes No High Cholesterol Yes No Hypoglycemia Yes No Kidney Problems Yes No Stomach/Intestinal Disease Yes No Congenital Heart Disorder Yes No Conyulsions Yes No Convulsions Yes No Convulsions Yes No Convulsions Yes No Comments:  To the best of my knowledge, the questions on this form have be To the best of my knowledge, the questions on this form have be To the best of my knowledge, the questions on this form have be	Scarlet Fever	Yes	No
Fainting Spells/Dizziness Frequent Cough Frequent C	Shingles	Yes	No
Frequent Cough Leukemia Leukemia Leukemia Liver Disease Swelling of Limbs Frequent Cough Frequent C	Sickle Cell Disease	Yes	No
Leukemia Yes No Liver Disease Yes No Swelling of Limbs Yes No Thyroid Disease Yes No Tonsillitis Yes No Tonsillitis Yes No Tomors or Growths Yes No Julcers Yes No Cortisone Medicine Yes No Drug Addiction Yes No Easily Winded Yes No High Cholesterol Yes No Hives or Rash Yes No Tregular Heartbeat Yes No Stroke Yes No Concer Yes No Congenital Heart Disorder Yes No Convulsions Yes No Convulsions Yes No Convulsions Yes No Comments:  Comments:	Sinus Trouble	Yes	No
Liver Disease Yes No Swelling of Limbs Yes No Thyroid Disease Yes No Tonsillitis Yes No Tuberculosis Yes No Tumors or Growths Yes No Julcers Yes No Tellow Jaundice Yes No Cortisone Medicine Yes No Drug Addiction Yes No Easily Winded Yes No High Cholesterol Yes No Hypoglycemia Yes No Tregular Heartbeat Yes No Stomach/Intestinal Disease Yes No Chemotherapy Yes No Congenital Heart Disorder Yes No Conyulsions Yes No Conyulsions Yes No Conyulsions Yes No Comments:  Comments:	Spina Bifida	Yes	No
Swelling of Limbs Yes No Thyroid Disease Yes No Tonsillitis Yes No Tuberculosis Yes No Tumors or Growths Yes No Vellow Jaundice Yes No Diabetes Yes No Drug Addiction Yes No Easily Winded Yes No High Cholesterol Yes No Hypoglycemia Yes No Stomach/Intestinal Disease Yes No Cancer Yes No Chest Pains Yes No Congenital Heart Disorder Yes No Congenital Heart Disorder Yes No Condenses	Breathing Problems	Yes	No
Thyroid Disease Yes No Tonsillitis Yes No Tuberculosis Yes No Tumors or Growths Yes No Vellow Jaundice Yes No Cortisone Medicine Yes No Diabetes Yes No Drug Addiction Yes No Easily Winded Yes No High Cholesterol Yes No Hrypoglycemia Yes No Irregular Heartbeat Yes No Stomach/Intestinal Disease Yes No Concer Yes No Concer Yes No Congenital Heart Disorder Yes No Conyulsions Yes No Convulsions Yes No Comments:  Comments:	Bruise Easily	Yes	No
Tonsillitis Yes No Tuberculosis Yes No Tumors or Growths Yes No Ulcers Yes No Yellow Jaundice Yes No Cortisone Medicine Yes No Diabetes Yes No Drug Addiction Yes No Easily Winded Yes No High Cholesterol Yes No Hives or Rash Yes No Hregular Heartbeat Yes No Stomach/Intestinal Disease Yes No Concer Yes No Concer Yes No Congenital Heart Disorder Yes No Convulsions Yes No Have you ever had any serious illness not listed above?  If yes:  Comments:  To the best of my knowledge, the questions on this form have be	Glaucoma	Yes	No
Tuberculosis Tumors or Growths Tumors or Growths Ves No Ulcers Yes No Yellow Jaundice Yes No Cortisone Medicine Diabetes Yes No Drug Addiction Yes No Easily Winded Yes No High Cholesterol Hypoglycemia Yes No Hypoglycemia Yes No Stomach/Intestinal Disease Yes No Chest Pains Yes No Congenital Heart Disorder Convulsions Yes No Have you ever had any serious illness not listed above? If yes:	Hay Fever	Yes	No
Fumors or Growths  Ves  Ves  No  Vellow Jaundice  Cortisone Medicine  Diabetes  Orug Addiction  Emphysema  High Cholesterol  Hives or Rash  Hypoglycemia  Ves  No  Stomach/Intestinal Disease  Cancer  Chemotherapy  Chest Pains  Conyulsions  Have you ever had any serious illness not listed above?  For the best of my knowledge, the questions on this form have best of the cancer of	Heart Attack/Failure	Yes	No
Vellow Jaundice Yes No Yellow Jaundice Yes No Cortisone Medicine Diabetes Per No Drug Addiction Easily Winded Emphysema High Cholesterol Hives or Rash Hypoglycemia Per No Stomach/Intestinal Disease Cancer Chemotherapy Chest Pains Cold Sores/Fever Blisters Conyulsions  Have you ever had any serious illness not listed above?  If yes:  Comments:  Ves No Cortisone Medicine Yes No No No Easily Winded Yes No Hope No	Heart Murmur	Yes	No
Cellow Jaundice Cortisone Medicine Yes No Cortisone Medicine Yes No Cortisone Medicine Yes No Cortisone Cortisone Medicine Yes No Cortisone Cortisone Cortisone Medicine Yes No Cortisone Yes No Cortisone To the best of my knowledge, the questions on this form have better the properties of the propertie	Heart Pacemaker	Yes	No
Cortisone Medicine Diabetes Pes Drug Addiction Feasily Winded Femphysema Figh Cholesterol F	Heart Trouble/Disease	Yes	No
Diabetes Yes No Drug Addiction Yes No Easily Winded Yes No Emphysema Yes No High Cholesterol Yes No Hives or Rash Yes No Hypoglycemia Yes No Irregular Heartbeat Yes No Stomach/Intestinal Disease Yes No Chemotherapy Yes No Chest Pains Yes No Congenital Heart Disorder Yes No Convulsions Yes No Conwer had any serious illness not listed above?  If yes:  Comments:	<b>Radiation Treatments</b>	Yes	No
Drug Addiction Easily Winded Fasily Winded F	Recent Weight Loss	Yes	No
Easily Winded Yes No Emphysema Yes No High Cholesterol Yes No Hives or Rash Yes No Hypoglycemia Yes No Kidney Problems Yes No Stroke Yes No Cancer Yes No Chemotherapy Yes No Cold Sores/Fever Blisters Yes No Conyulsions Yes No Convulsions Yes No Comments:  Comments:	Renal Dialysis	Yes	No
Emphysema Yes No High Cholesterol Yes No Hives or Rash Yes No Hypoglycemia Yes No Irregular Heartbeat Yes No Kidney Problems Yes No Stomach/Intestinal Disease Yes No Stroke Yes No Cancer Yes No Chemotherapy Yes No Cold Sores/Fever Blisters Yes No Congenital Heart Disorder Yes No Convulsions Yes No Convulsions Yes No Comments:  Comments:	Rheumatic Fever	Yes	No
High Cholesterol Yes No Hives or Rash Yes No Hypoglycemia Yes No Irregular Heartbeat Yes No Kidney Problems Yes No Stomach/Intestinal Disease Yes No Cancer Yes No Chemotherapy Yes No Chest Pains Yes No Congenital Heart Disorder Yes No Convulsions Yes No Convulsions Yes No Conwert Have you ever had any serious illness not listed above? If yes:	Arthritis/Gout	Yes	No
Hives or Rash Hypoglycemia Hypo	Artificial Heart Valve	Yes	No
Hypoglycemia Yes No Irregular Heartbeat Yes No Idiney Problems Yes No Istomach/Intestinal Disease Yes No Istroke Yes No Istrok	Artificial Joints	Yes	No
Irregular Heartbeat Yes No Kidney Problems Yes No Stomach/Intestinal Disease Yes No Stroke Yes No Cancer Yes No Chemotherapy Yes No Chest Pains Yes No Cold Sores/Fever Blisters Yes No Congenital Heart Disorder Yes No Convulsions Yes No Convulsions Yes No Have you ever had any serious illness not listed above? If yes:  Comments:	Asthma	Yes	No
Kidney Problems Stomach/Intestinal Disease Stroke Stroke Cancer Chemotherapy Chemotherapy Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions  Have you ever had any serious illness not listed above? If yes:  Comments:  Comments:	Blood Disease	Yes	No
Stomach/Intestinal Disease Yes No Stroke Yes No Cancer Yes No Chemotherapy Yes No Chest Pains Yes No Cold Sores/Fever Blisters Yes No Congenital Heart Disorder Yes No Convulsions Yes No	Blood Transfusion	Yes	No
Stroke Yes No Cancer Yes No Chemotherapy Yes No Chest Pains Yes No Cold Sores/Fever Blisters Yes No Congenital Heart Disorder Yes No Convulsions Yes No Have you ever had any serious illness not listed above? If yes:  Comments:  Comments:	Frequent Headaches	Yes	No
Cancer Yes No Chemotherapy Yes No Chest Pains Yes No Cold Sores/Fever Blisters Yes No Congenital Heart Disorder Yes No Convulsions Yes No Have you ever had any serious illness not listed above? If yes:  Comments:  To the best of my knowledge, the questions on this form have be	Low Blood Pressure	Yes	No
Chemotherapy Yes No Chest Pains Yes No Cold Sores/Fever Blisters Yes No Congenital Heart Disorder Yes No Convulsions Yes No Have you ever had any serious illness not listed above? If yes:  Comments:  To the best of my knowledge, the questions on this form have be	Lung Disease	Yes	No
Chest Pains Yes No Cold Sores/Fever Blisters Yes No Congenital Heart Disorder Yes No Convulsions Yes No Have you ever had any serious illness not listed above? If yes:  Comments:  To the best of my knowledge, the questions on this form have b	Mitral Valve Prolapse	Yes	No
Cold Sores/Fever Blisters Yes No Congenital Heart Disorder Yes No Convulsions Yes No Have you ever had any serious illness not listed above?  f yes:  Comments:  To the best of my knowledge, the questions on this form have b	Osteoporosis	Yes	No
Congenital Heart Disorder Yes No Convulsions Yes No Have you ever had any serious illness not listed above?  f yes:  Comments:  To the best of my knowledge, the questions on this form have b	Pain in Jaw Joints	Yes	No
Convulsions  Yes No  Have you ever had any serious illness not listed above?  f yes:  Comments:  To the best of my knowledge, the questions on this form have b	Parathyroid Disease	Yes	No
Have you ever had any serious illness not listed above?  If yes:  Comments:  To the best of my knowledge, the questions on this form have b	Psychiatric Care	Yes	No
Comments:  To the best of my knowledge, the questions on this form have b	Depression	Yes	No
Comments:  To the best of my knowledge, the questions on this form have b	Yes No		
Comments:  To the best of my knowledge, the questions on this form have b			
To the best of my knowledge, the questions on this form have b			
To the best of my knowledge, the questions on this form have b			
o the best of my knowledge, the questions on this form have b			
Signature of Patient, Parent Or Guardian	Date		