



ADVANCED DENTISTRY

General, Cosmetic & Sleep Solutions

Name _____ Email _____ Birthdate _____

Address Last Name First Name Initial City State Zip

Home # Work # Cell#

Employer Occupation

Notify in case of emergency Phone# Relationship

MEDICAL HISTORY

Have you ever had any of the following? (Circle all that apply)

- | | | | | |
|-----------------------------------|-------------------------------|---------------------------|--------------------------------|-------------------|
| Y/N - Heart Murmur | Y/N - Epilepsy | Y/N - Rheumatic Fever | Y/N - High/Low Blood Pressure | Y/N - Hepatitis |
| Y/N - Diabetes | Y/N - Cancer/Chemotherapy | Y/N - Sinus Problems | Y/N - Asthma/Arthritis | Y/N - Ulcers |
| Y/N - Artificial Valves/Joints | Y/N - Congenital Heart Defect | Y/N - Radiation Treatment | Y/N - Blood Transfusion | Y/N - Anemia |
| Y/N - Difficulty Breathing | Y/N - Emphysema/Glaucoma | Y/N - Heart Attack/Stroke | Y/N - Heart Surgery/ Pacemaker | Y/N - Hemophilia |
| Y/N - HIV/AIDS | Y/N - Kidney Problems | Y/N - Shingles | Y/N - Mitral Valve Prolapse | Y/N - Oral Herpes |
| Y/N - Severe / Frequent Headaches | Y/N - Osteoporosis | Y/N - Latex Allergy | Y/N - Eating Disorder | |

Please explain any circled conditions from the above _____

Do you have any drug ALLERGIES or have you ever had an adverse reaction to any medication? _____

Are you taking or have you taken any of the following in the last 3 months?

Y/N - Bisphosphonates Y/N - Birth Control Pills Y/N - Tobacco Products Y/N - Anti-Depressants Y/N - Opioids NONE

Current Medications _____

Hospitalized for any reason in the last 5 years? _____

Have you been told to take antibiotics before your dental appointments? _____

Have you ever had a bad reaction to dental anesthetic? _____

Physician's Name Phone# Date of Last Physical

(Women) Do you suspect that you are pregnant? Nursing?

I understand that the above information will help Dr. Popp & Dr. Bailey determine appropriate and healthy dental treatment. If there is any change in my medical status, I will inform her. I understand that I am financially responsible for all charges whether or not paid by insurance.

Signature Date