John J. Tortora, DDS
THE CENTER FOR DENTAL EXCELLENCE

Medical history update

Patient Name: first name last name

Date: _____

ALL PATIENTS: DO YOU HAVE, OR HAVE YOU EVER HAD ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY):	☐ NONE

☐ AIDS/HIV POSITIVE	☐ CIRCULATORY PROBLEMS	☐ HEARING PROBLEMS	☐ NECK PROBLEMS
☐ ANEMIA	☐ CORTISONE TREATMENTS	☐ HEART ATTACK	☐ NEUROLOGIC PROBLEM
☐ ANXIETY	☐ COUGH, PERSISTENT	☐ HEART DISEASE	☐ PSYCHIATRIC TREATMENT
☐ ARTIFICIAL HEART VALVE	☐ DEMENTIA	☐ HEPATITIS, WHICH?___	☐ RADIATION/CHEMO
☐ ARTIFICIAL JOINTS	☐ DEPRESSION	☐ HERPES	☐ RESPIRATORY DISEASE
☐ ARTHRITIS	☐ DIABETES	☐ HIGH BLOOD PRESSURE	☐ PACEMAKER/DEFIBRILLATOR
☐ ASTHMA	☐ DIZZINESS/FAINTING	☐ HPV	☐ SINUS PROBLEMS
☐ BACK PROBLEMS	☐ EPILEPSY/SEIZURES	☐ KIDNEY DISEASE	☐ SWELLING OF FEET/ANKLE
☐ BLEEDING DISORDER	☐ EYE PROBLEMS	☐ LIVER PROBLEMS	☐ STROKE
☐ BLOOD DISEASE	☐ FREQUENT EAR INFECTIONS	☐ LOW BLOOD PRESSURE	☐ THYROID CONDITION
☐ CANCER/MALIGNANCY	☐ FREQUENT HEADACHES	☐ LYMES DISEASE	☐ TUBERCULOSIS
☐ CHEMICAL/ALCOHOL DEPENDENCY	☐ RAPID OR IRREGULAR HEART BEAT	☐ METHOTREXATE	☐ ULCERS/COLITIS
		☐ OTHER – PLEASE LIST:	

☐Y ☐N UNDER A PHYSICIAN'S CARE NOW? _____

☐Y ☐N ANY HOSPITALIZATION IN THE PAST 5 YEARS? _____

☐Y ☐N ANY SERIOUS ILLNESSES/SURGERIES? _____

☐Y ☐N USE TOBACCO IN ANY FORM? IF YES, TYPE: _____

☐Y ☐N IS PRE-MEDICATION REQUIRED BEFORE DENTAL VISITS DUE TO HEART CONDITION OR ARTIFICIAL JOINT?

FEMALE PATIENTS: CURRENTLY NURSING? ☐ Y ☐ N CURRENTLY PREGNANT? ☐ Y ☐ N DUE DATE: _____

ALLERGIES/ALLERGIC REACTIONS

ALL PATIENTS: ARE YOU ALLERGIC TO OR HAVE YOU EVER HAD ANY REACTION TO THE FOLLOWING? (CHECK ALL THAT APPLY):

☐ ASPIRIN	☐ CODEINE	☐ LACTOSE INTOLERANCE	☐ SLEEPING PILLS	☐ NONE
☐ ANESTHETIC – LOCAL	☐ FOOD	☐ METAL SENSITIVITY	☐ SULFA DRUGS	
☐ BARBITURATES	☐ LATEX	☐ NITROUS OXIDE SEDATION	☐ PENICILLIN	

☐ OTHER – PLEASE LIST .....

MEDICATION INFORMATION

ALL PATIENTS: ARE YOU CURRENTLY TAKING ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY): ☐ NONE

☐ ANTIBIOTICS/SULFA DRUGS	☐ ANTIHISTAMINES/ALLERGY	☐ DAILY ASPIRIN	☐ BLOOD PRESSURE MEDICATIONS
☐ BLOOD THINNERS	☐ CANCER/CHEMO MEDICATIONS	☐ CORTISONE/STEROIDS	☐ HEART MEDICATION/DIGITALIS
☐ INSULIN	☐ NITROGLYCERIN	☐ ORAL CONTRACEPTIVES	☐ OSTEOPOROSIS MEDICATIONS
☐ RECREATIONAL DRUGS	☐ THYROID MEDICATIONS	☐ TRANQUILIZERS	☐ OTHER DIABETIC MEDICATIONS
☐ OTC DRUGS/ MEDICATIONS (PLEASE LIST BELOW)	☐ OTHER (PLEASE LIST BELOW)		

DRUG NAME	DOSAGE	REASON PRESCRIBED