FERNWOOD DENTAL

MEDICAL HISTORY

Legal Name:_____ Name you go by:_____

Name of family doctor: _____Family doctor's phone:_____

	Yes	No	Details
Do you see any medical specialists?			
Hospitalization/surgeries within the last 5 years			
Allergies to medications eg penicillin, sulfa drugs			
Other allergies eg latex, dairy, nickel			
Currently pregnant or breastfeeding			
Transmissible disease eg TB/HIV/HPV /Hepatitis			
Heart Problems eg heart attack, stroke, CHF			
• High blood pressure			
• Heart surgeries eg valve replacement, pacemaker, stent			
• Blood thinners or clotting problems			
Lung problems eg asthma, COPD, shortness of breath			
Bone or Muscle Problems eg head/neck injury, osteoporosis, arthritis			
• Joint replacement			
• Bone strengthening medications eg bisphosphonates like Prolia, Fosamax			
Digestive, liver, kidney problems eg ulcers, reflux			
Autoimmune problems eg RA, crohn's			
Hormone or Thyroid problems			
• Diabetes			
Neurologic disorders eg ADHD, alzheimers			
• Epilepsy, seizures			
Cancer – current or past			
• Radiation Therapy			
• Chemotherapy/Immunotherapy			
Sleep Apnea			
Mental health conditions eg depression, anxiety			
Other medical conditions			
Smoke, vape or use tobacco/nicotine -current or past			
Cannabis use (vape, smoked, edibles) - current or past			
Other substances eg alcohol, methamphetamines, cocaine *some substances can fatally interact with dental treatment -current /past			

LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING:

Drug	Purpose

Patient Signature _____ Date: _____