



Confidential Health Questionnaire

Dental History

Do you currently have or have you ever had a TMJ problem Yes No

Have you had any problems with local anesthetic (freezing)? Yes No

Please specify: _____

Medical History

Allergies to medications / other substances: _____

List all medications: _____

Have you ever had a general anesthetic or previous surgery? Yes No

Please Specify: _____

Have you or a family member ever had a problem with anesthetic e.g. nausea, vomiting or slow recovery afterwards? Yes No

Please Specify: _____

Height: _____ Weight: _____

Are you pregnant or nursing? Yes No If pregnant how many months? _____

Do you smoke? Yes No History of illicit drugs? Yes No

Have you had an injury or surgery to the face or jaws? Yes No

Please Specify: _____

Have you had Radiation or Cancer of the Head or Neck? Yes No

Please Specify: _____

Check all that apply:

Epilepsy / Seizure Diabetes: Insulin No Insulin

Stroke Thyroid Disease

Congenital Heart Defect Liver disease / Hepatitis / Jaundice

Please specify: _____ Please Specify: _____

Heart Attack / Chest Pain HIV / AIDS

Please specify: _____ Anemia

Heart Murmur Blood thinners (e.g. Coumadin or Plavix)

High Blood Pressure Easy Bruising or Prolonged Bleeding

Pacemaker / ICD Hemophilia/ Sickle Cell Disease

Rheumatic Fever Other Hematologic Disease

Asthma Please Specify: _____

Emphysema / COPD Arthritis

Tuberculosis (TB) Artificial Joints or Heart Valves

Other Lung Disease Please Specify: _____

Please specify: _____ Addictions / Alcoholism

Kidney Disease / Dialysis Please Specify: _____

Please Specify: _____ Cancer

Gastrointestinal problems Please Specify: _____

Please Specify: _____ Psychological / Psychiatric Diagnosis

Peptic Ulcer Disease Please Specify: _____

Please Specify: _____

Do you have other medical conditions not listed?
Please Specify: _____

I believe that the above medical history is, to the best of my knowledge, accurate and complete.
Signature of Patient or Guardian: _____ Date (mm/dd/yyyy): _____