

Medical & Dental Health Information

Physicians /Health Professionals, Names & Phone Numbers:

1)	Ph.	3)	Ph.
2)	Ph.	4)	Ph.

Health Condition		No	Yes	Health Condition		No	Yes
1	Allergies or Sinus Problems			29	Infectious Diseases		
2	Latex Sensitivity			30	Liver Disease or Hepatitis		
3	Medication Allergy			31	Tuberculosis		
4	Local anesthetics			32	AIDS or HIV Positive		
5	Penicillin – Other Antibiotics			33	Veneral Disease		
6	Aspirin - Tylenol (circle)			34	Other Infections		
7	Codeine or other Narcotics			35	Sore or Enlarged Lymph Nodes		
8	Valium or Sedatives			36	Diabetes		
9	Other:			37	Epilepsy		
12	Asthma/ Emphysema / Lung Problems			38	Cancer / Radiation Tx / Chemo Tx		
13	Cardiovascular Disease			39	Kidney Disease		
14	Blood Pressure Problems			40	Jaw Joint Problems		
15	Anemia			41	Headaches or Migraines		
16	Irregular Heart Beat			42	Mouth Sores or Biopsies		
17	Chest Pain with Exertion			43	Chronic Fatigue		
18	Rheumatic Fever			44	Ongoing or Recurrent Illnesses		
19	Heart Murmur			45	Glaucoma		
20	Are you required to Pre-Medicate			46	Weight Loss/Gain		
21	Heart Attack, Heart Surgery, Angioplasty, Heart Stint, etc			47	Arthritis or Rheumatism		
22	Stroke			48	Joint or Bone Surgeries		
23	Blood Problems or Hemophilia			49	Tobacco Use: Packs/day		
24	Nervous System			50	Hospital or Surgery in past 5 years		
25	High Stress or Ulcers			51	Women: Are you Pregnant		
26	Depression			52	Are you planning a pregnancy?		
27	Dental Phobia Fear			53	Are you a nursing mother?		
28	Psychosis			54	Are you taking birth control pills?		
				55	Other:		
				56	Other:		

Medications & Dosages You Are Currently Taking (please check spelling):

1) _____	4) _____
2) _____	5) _____
3) _____	6) _____

Other Medicines or Neutricuticals	No	Yes	Other Medicines or Neutricuticals	No	Yes
Are you taking Tagamet or Antacids?			Complications after dental tx or surgery?		
Do you take any herbal supplements?			Do you take aspirin or other blood thinners?		
Do you take diet pills?			Do you use antidepressants or sleeping pills?		
Do you take vitamins?					

Consents:

- I consent to: medical/dental history review, dental exam, X-rays, photos, and any treatment as indicated on my examination form, or treatment plan, including the use of local anesthetics, and oral sedation as necessary. I authorize Dr. Lee Ostler and/or dental staff to take photographs (pictures) relevant to the diagnosis of and explanation of dental conditions or problems. These images will be used as a record of my condition, care and treatment, to assist in diagnosis and treatment planning, and in communication with dental laboratories who may assist in my care.

- I understand that The Center for Dental Health is a private fee-for-service practice, is not a party to any health plan insurers, that all services will be charged directly to the patient/responsible party, and that responsibility for payment for dental services provided by this office for myself or my dependent is solely mine, with full payment due and payable at the time of services rendered, unless other financial arrangements have been agreed upon. As a condition of treatment in this office, financial arrangements must be made in advance to the delivery of services. Consent for and acceptance of services will constitute agreement to this understanding.

X		
Signature of patient, parent or guardian (online-type name on form)	Date	Relationship to Patient