Medical History

HAINES CITY DENTAL 35914 HIGHWAY 27, HAINES CITY, FLORIDA 33844. Tel. 863-422-8338

DATE	NAME		DENTAL INSURANCE PLAN
HOME ADDRESS	APARTMENT		ADDRESS CITY STATE ZIP
CITY	STATE ZIP CODE		PHONE POLICY NUMBER
HOME TELEPHONE	SOCIAL SECURITY NUMBER		SUBSCRIBER
CELL NUMBER			PRIMARY PHYSICIAN NAME
E-MAIL			PHYSICIAN ADDRESS
EMPLOYER	WORK NUMBER		PHYSICIAN PHONE NUMBER
EMPLOYER ADDRESS	BUSINESS NUMBER		EMERGENCY CONTACT PERSON TELEPHONE NUMBER
BIRTH DATE MALE FEMALE	SPOUSE NAME		We do not accept insurance consignments, but we will fill out your claim forms for you when your treatment is complete.
REASON FOR DENTAL VISIT			

CERTAIN ILLNESSES AND DRUGS MAY MAKE IT NECESSARY TO ALTER DENTAL TREATMENT. IN ORDER TO RENDER THE BEST POSSIBLE CARE, THE FOLLOWING INFORMATION IS NECESSARY. PLEASE CHECK THE BOX THAT APPLIES TO YOU TO THE BEST OF YOUR ABILITY SO WE MAY BETTER SERVE YOU.

HEART/BLOOD

	Yes	No
Rheumatic Fever/disease	❑	❑
Heart valve damage	❑	❑
Heart murmur	❑	❑
Artificial heart valve	❑	❑
Prolapsed heart valve	❑	❑
Congestive heart defect	❑	❑
History of endocarditis	❑	❑
High blood pressure	❑	❑
Heart attack	❑	❑
TIA/stroke	❑	❑
Congestive heart failure	❑	❑
Angina pectoris/chest pain	❑	❑
Heart Surgery	❑	❑
Pacemaker	❑	❑
Irregular/rapid heart beat/AFib	❑	❑
Other heart disorder	❑	❑

NERVOUS SYSTEM

Epilepsy/Seizure Disorder	❑	❑
Multiple Sclerosis	❑	❑
Trigeminal Neuralgia	❑	❑
Alzheimer's/Dementia	❑	❑
Anxiety/Depression	❑	❑
Psychological treatment	❑	❑
Other disorders	❑	❑

BLOOD

Anemia	❑	❑
Hemophilia	❑	❑
Sickle cell disease	❑	❑
Blood clots or thrombosis	❑	❑
Other blood disorder	❑	❑

ENDOCRINE

Diabetes	❑	❑
Low Thyroid	❑	❑
High Thyroid	❑	❑
Cushing syndrome	❑	❑
Parathyroid condition	❑	❑
Other endocrine disorder	❑	❑

MUSCULOSKELETAL/CONNECTIVE

Sjogren's syndrome	❑	❑
Arthritis	❑	❑
Fibromyalgia/rheumatism	❑	❑
Artificial joint placed	❑	❑
Other surgeries	❑	❑
Other Muscle/bone disorder	❑	❑

RESPIRATORY

Tuberculosis (TB)	❑	❑
Asthma	❑	❑
Emphysema	❑	❑
COPD	❑	❑
Other Respiratory disorder	❑	❑

URINARY TRACT

Kidney disease	❑	❑
Renal Dialysis	❑	❑
Other urinary disorder	❑	❑

HEAD AND NECK

Glaucoma	❑	❑
Chronic sinusitis	❑	❑
Headaches	❑	❑
Injury head, neck, jaw	❑	❑
Other	❑	❑

DIGESTIVE SYSTEM

	Yes	No
Hepatitis	❑	❑
Cirrhosis/Liver disease	❑	❑
Jaundice	❑	❑
Heart burn or acid reflux	❑	❑
Other digestive disorder	❑	❑

CANCER HISTORY

Cancer: Please Specify	❑	❑
Leukemia	❑	❑
Benign tumors/growths	❑	❑
Cancer Surgery	❑	❑
Radiation therapy	❑	❑
Chemotherapy	❑	❑
Hormone therapy	❑	❑

ALLERGY HISTORY

Dental anesthesia	❑	❑
Penicillin	❑	❑
Aspirin	❑	❑
Codeine	❑	❑
Latex	❑	❑
Nickel, metal, jewelry	❑	❑
Sulfur	❑	❑
Other allergy	❑	❑

Women ONLY

Are you pregnant	❑	❑

Due date _____

MISCELLANEOUS

Organ Transplant	❑	❑
Immune deficiency or suppressed	❑	❑
HIV/STD	❑	❑
Lupus erythematous	❑	❑
Taken steroid/prednisone	❑	❑
Other condition	❑	❑

Medical History

PATIENT NAME	LAST DENTIST NAME ADDRESS TELEPHONE NO.	DATE OF LAST DENTAL EXAM

PLEASE CIRCLE THE ONE THAT APPLIES TO YOU OR YOU ARE INTERESTED IN

ESTHETICS

WOULD YOU LIKE TO IMPROVE YOUR SMILE ..... Yes No
Would you like to have whiter/straighter teeth ..... Yes No
Are you interested in bleaching to whiten your teeth ..... Yes No

ARE YOUR TEETH SENSITIVE ..... Yes No
Did you know Fluoride can help reduce sensitivity and cavity?

DO YOUR GUMS BLEED ..... Yes No
Healthy gums do not bleed. Bleeding gums is an indication of gum disease.

DO YOU KNOW ABOUT PERIODONTAL DISEASE ..... Yes No
Periodontitis is the disease of the gum and the jaw bone. Periodontal disease causes bone loss and then tooth loss. It also affects general health and has been linked to Heart Disease, Diabetes, Respiratory Infection, Stroke, Oral Cancer, Dementia/Alzheimer's, Osteopenia, and other diseases.

ARE YOU CONCERNED WITH HAVING BAD BREATH ..... Yes No

YOU MAY NEED TO BE PREMEDICATED BEFORE DENTAL TREATMENT IF YOU HAVE THE FOLLOWING CONDITIONS.

Congenital heart conditions like cyanotic, palliative shunt, or repaired heart defect, history of endocarditis, artificial heart valve, surgery of hip, knee, joint, screws and other artificial body parts.

PLEASE INDICATE BELOW IF YOU ARE TAKING ANY BLOOD THINNERS INCLUDING ALTERNATIVE MEDICATIONS.

Aspirin ___ Plavix ___ Coumadin (warfarin) ___ Pradaxa ___
Heparin ___ Fish Oil ___ Saint John ___ Xarelto ___ Eliquis ___
Other _____

FUNCTION AND CHEWING

DO YOU HAVE TROUBLE CHEWING CERTAIN FOOD ..... Yes No
Would you be interested in crowns, bridges, or denture implants that could improve the quality of eating ..... Yes No

DO YOU GRIND OR CLENCH YOUR TEETH ..... Yes No
A night guard can prevent teeth from further grinding and wear.

DO YOU HAVE DRY MOUTH ..... Yes No
Did you know a majority of mediations cause dry mouth? The absence of saliva causes cavities.

DO YOU SNORE WHILE ASLEEP ..... Yes No
Some dental devices can help to lessen snoring.

DO YOU HAVE SEVERE/CONSTANT HEADACHES ..... Yes No
In some cases a dental device has been proven to alleviate headaches.

ARE YOU ANXIOUS/NERVOUS ABOUT DENTAL TREATMENT ..... Yes No
Would you be interested in Nitrous Gas ..... Yes No

PLEASE INDICATE IF YOU ARE TAKING, OR HAVE TAKEN IN THE PAST 5 YEARS, ANY BONE DENISTY MEDICATION.

Boniva ___ Fosamax ___ Actonel ___ Reclast ___ Zometa ___
Prolia ___ Xgeva ___ Other _____

PLEASE LIST ALL THE MEDICATIONS YOU ARE TAKING INCLUDING HERBAL/ALTERNATIVE MEDICATIONS AND WHY

*SIGNATURE OF PATIENT, PARENT OR GUARDIAN DATE	SIGNATURE OF DOCTOR DATE

*I authorize Haines City Dental to release my dental records to my insurance company for claim purposes.

HEALTH UPDATES (required at least once a year; more often if indicated)

DATE	PLEASE NOTE ANY CHANGES IN YOUR MEDICAL HISTORY BELOW	PATIENT SIGNATURE	SIGNATURE DOCTOR