

PATIENT NAME

DATE

DENTAL & MEDICAL HISTORY

So that we may provide you with the best possible care please complete both Medical and Dental history sections below. ALL INFORMATION IS COMPLETELY CONFIDENTIAL.

DENTAL HISTORY

Form for Dental History with questions like 'Do you have a specific dental problem?' and 'Do you brush and floss on a routine basis?' with YES/NO options.

MEDICAL HISTORY

Form for Medical History with questions like 'Are you under a physician's care now?' and 'Have you ever been hospitalized?' with YES/NO options.

Do you now have or have you ever had any of the following? (Please circle yes or no)

Table listing various medical conditions such as Artificial Joints, Heart Murmur, Liver Disease, Leukemia, and Renal Dialysis, each with YES/NO options.