



The Art of Modern Dentistry

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Patient Name: _____ Date: _____

Physician Name: _____ Phone: _____

Date of last physical: _____

General Health Questions

Yes No Has there been a change in your health within the last year? If yes, please explain: _____

Yes No Have you been hospitalized or had a serious illness in the last 5 years? If yes, please explain: _____

Yes No Are you being treated by a physician now? For what? _____

Yes No Have you ever taken bisphosphonates for osteoporosis? (Fosamax/Boniva)

Yes No Have you ever been told that you need to take premedication prior to dental appointments?

If yes, please explain: _____

Are you allergic to latex or any medications? Please list _____

Cardiovascular Health Have you had or been diagnosed with:

Yes No Heart Disease/Attack

Yes No High blood Pressure

Yes No Irregular heartbeat

Yes No Pacemaker

Yes No Chest Pain

Yes No Artificial heart valve

Yes No Shortness of breath

Yes No Bleeding Problems

Yes No Rheumatic fever

Yes No Stroke

Yes No High Cholesterol

Systemic Conditions: Have you had or been diagnosed with:

Yes No Arthritis

Yes No Hepatitis/Liver disease

Yes No Asthma

Yes No Emphysema/lung disease

Yes No Seizures

Yes No Kidney Problems

Yes No Psychiatric treatment

Yes No Dry mouth

Yes No Cancer

Yes No Sleep apnea/Chronic Snoring

Yes No Radiation treatment

Yes No HIV/AIDS

Yes No Tuberculosis

Yes No Osteoporosis

Yes No Diabetes

Yes No Thyroid Problem

Yes No Artificial Joint
Yes No Alcoholism
Yes No HPV

Yes No Recreational drug use
Yes No Are you pregnant/Nursing?

Yes No Tobacco use? How much? _____ How long? _____

Any other conditions or diseases not listed on this form? _____

MEDICATION	PURPOSE	MEDICATION	PURPOSE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Dr./Hygienist Signature: _____ Date: _____

Patient/Personal Representative Signature: _____ Date: _____