Triangle Family Dentistry
State-of-the-Art Comfort Dentistry

Patient Medical History Update

Patient Name:_____ **Date:**_____

All information provided here is 100% confidential and any attempt to conceal pre-existing conditions or other relevant information could result in serious patient drug interactions or death. The following questions must be answered honestly so that our office can provide you with the best possible care.

Please circle the correct response.

1. Have you ever been seriously ill since your last office visit?
2. Have there been any changes in your medical history since your last office visits?

If yes, please explain_____

_____

3. Is a medical doctor currently treating you?
4. Please list any medication (Prescription or Over-the-Counter)

5. Are you allergic to, or have you had unusual reactions to any of the following?

Please check all that apply.

☐ Penicillin ☐ Aspirin ☐ Iodine ☐ Codeine ☐ Latex ☐ Erythromycin ☐ Sulfa Drugs ☐ Barbiturates ☐ Other

☐ No Known Allergies

FOR WOMEN ONLY:

Women who take oral contraceptives (birth control pills) should take extra precautions when taking antibiotics because antibiotics can cause failure of birth control pills, which can result in pregnancy.

6. Have you ever taken a bisphosphonate such as Fosamax, Actonel, or Boniva?
7. Are you pregnant or suspect that you may be pregnant?
8. Are you taking oral contraceptives (birth control pills)?

My current dental goals are:

- ☐ Whiter Teeth
- ☐ Pain Free
- ☐ Straighter Teeth
- ☐ Healthier gums
- ☐ Replacing Missing Teeth
- ☐ Full Dentures
- ☐ Cavity free
- ☐ Better Breath
- ☐ Less Bleeding
- ☐ Decrease Sensitivity
- ☐ Partials
- ☐ Better chewing
- ☐ Sedation Dentistry
- ☐ Stop Snoring

I have read and understand the above questions. I have answered all of these questions truthfully to the best of my ability and knowledge.

Signature:_____ Date:_____