

STANLEY HOMETOWN DENTISTRY

JAMES GUNELSON, D.D.S.

MEDICAL HISTORY

NAME _____ DATE _____

FIRST MIDDLE LAST

BIRTHDATE _____ HEIGHT _____ WEIGHT _____

PRIMARY PHYSICIAN _____ LAST VISIT DATE _____ PHONE _____

SPECIALIST PHYSICIAN(S): Cardiologist, OBGYN, etc. _____ LAST VISIT _____ PHONE _____

1.) Do you suffer from or have you been treated for any of the following? (Check any that are applicable)

<u>Cardiovascular</u>	v	<u>Nervous System</u>	v	<u>Respiratory</u>	v	<u>Endocrine</u>	v
CAD (angina, heart attack)		Seizures / Epilepsy		COPD		Thyroid Disorder	
Heart Failure (weak Heart)		Depression or Panic Attacks		Emphysema		Diabetes Mellitus	
High Blood Pressure		Psychosis or Mania		Chronic bronchitis		Immune Disorder	
Low Blood Pressure		Multiple Sclerosis		Asthma		Pregnant	
Arrhythmias (irregular beat)		Headaches/Migraine		Obstructive Sleep		Due Date:	
Congenital Heart Defect		Substance Abuse		<u>Miscellaneous</u>		Breast Feeding	
Valve Disease or Murmur		Alzheimer's / other Dementia		Bone		<u>Excretory</u>	
Artificial Heart Valve		Physical/Mental Impairment		Osteoporosis		Liver Disorder (noninfectious)	
Endocarditis (heart infection)		<u>Infections</u>		Cancer		Kidney Disorder	
Stroke or TIA		Hepatitis		Joint Replacement		Bladder Disorder	
Bleeding Problems		HIV / AIDS		Organ Transplant		Ulcers or GERD	
Blood Cell Disorders		Tuberculosis		Glaucoma		Intestinal Problems	

2.) Is there any medical problems you have that are not listed in the table above? Yes No If yes, please list:

Do you experience cold sores/fever blisters? Yes No

3.) Have you ever received a local anesthetic (dental)? Yes No General anesthetic? Yes No Any problems? Yes No

4.) Do you have allergies to medications, foods or any other substances? Yes No If yes, please list:

5.) Please list ALL medications you are taking, including non-prescription products:

6.) Are you taking /have taken any bisphosphonates? Yes No

Examples: Actonel, Fosamax, Boniva, Reclast, Aredia

7.) Do you use tobacco? Yes No

FOR OFFICE USE ONLY

Summary Notes Following Interview:

<u>Date Updated</u>	<u>Initials</u>

Baseline Vital Signs: BP _____ HR _____ SpO2 _____

Mallampati _____ ASA _____