Martin & Ruttledge
COSMETIC AND FAMILY DENTISTRY

HAVE YOU EVER HAD AN ADVERSE REACTION TO DENTAL ANESTHETICS? ◯ YES ◯ NO

HAVE YOU EVER HAD SERIOUS COMPLICATIONS FROM DENTAL WORK? ◯ YES ◯ NO

DO YOU USE TOBACCO? ◯ YES ◯ NO. IF YES, CIRCLE ALL THAT APPLY.

☐ CIGARETTES ☐ CIGAR ☐ PIPE ☐ CHEWING TOBACCO

PLEASE CIRCLE ANY OF SUBSTANCES LISTED BELOW THAT YOU ARE ALLERGIC TO...

☐ ASPIRIN ☐ PENICILLIN ☐ SULFA ☐ CLINDAMYCIN ☐ LATEX

☐ ACRYLIC ☐ ERYTHROMYCIN ☐ METAL ☐ CODEINE ☐ GOLD

☐ OTHER:_____

PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING:

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

HAVE YOU EVER HAD ANY OF THE FOLLOWING DISEASES OR CONDITIONS?

- ❑ AIDS / HIV POSITIVE
- ❑ ANAPHYLAXIS
- ❑ ANEMIA
- ❑ ANGINA
- ❑ ARTHRITIS / GOUT
- ❑ ARTIFICIAL HEART VALVE
- ❑ ARTIFICIAL JOINT
- ❑ ASTHMA
- ❑ AUTISM
- ❑ BLOOD DISEASE
- ❑ BLOOD TRANSFUSION
- ❑ BRUISE EASILY
- ❑ CANCER
- ❑ CHEMO / RADIATION
- ❑ COLD SORES
- ❑ CONGENITAL HEART DISORDER
- ❑ DIABETES
- ❑ DIFFICULTY SLEEPING
- ❑ DEMENTIA
- ❑ DRUG ADDICTION
- ❑ EASILY WINDED
- ❑ EMPHYSEMA
- ❑ EPILEPSY
- ❑ EXCESSIVE BLEEDING
- ❑ EXCESSIVE THIRST
- ❑ FEVER BLISTERS
- ❑ FREQUENT COUGH
- ❑ FREQUENT DIARRHEA
- ❑ HEART ATTACK
- ❑ HEART MURMUR
- ❑ HEART PACEMAKER
- ❑ HEART DISEASE
- ❑ HEART SURGERY
- ❑ HEPATITIS
- ❑ HBP / LBP
- ❑ INTESTINAL ULCERS
- ❑ IRREGULAR HEART BEAT
- ❑ KIDNEY PROBLEMS
- ❑ LIVER DISEASE
- ❑ MVP
- ❑ OSTEOPOROSIS
- ❑ PAIN IN JAW JOINTS
- ❑ RECENT WEIGHT LOSS
- ❑ SNORE / CPAP
- ❑ STOMACH ULCERS
- ❑ STROKE
- ❑ THYROID DISEASE
- ❑ TUBERCULOSIS
- ❑ ULCERS

HAVE YOU EVER HAD ANY SERIOUS ILLNESS NOT LISTED ABOVE? _____

_____

TO THE BEST OF MY KNOWLEDGE, THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED. I UNDERSTAND THAT PROVIDING INCORRECT INFORMATION CAN BE DANGEROUS TO THE PATIENT'S HEALTH. IT IS MY RESPONSIBILITY TO INFORM THE DENTAL OFFICE OF ANY CHANGES IN MEDICAL STATUS.

PATIENT NAME: _____ DATE: _____

RESPONSIBLE PARTY SIGNATURE: _____

DOCTOR / HYGIENIST REVIEW: _____ DATE: _____

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