Mark J. Lavin
PRACTICE LIMITED TO PERIODONTICS

Medical History

Patient Name: _____ Date of Birth _____/_____/_____

Although dental personnel primarily treat the area in and around your mouth, your mouth is part of your entire body. Health problems that you may have or medications that you may be taking could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

Are you under a physician's care now?	☐ Yes ☐ No	If yes, who and reason:	
Have you been hospitalized or had major surgery?	☐ Yes ☐ No	If yes, when and reason:	
Have you ever had a serious head or neck injury?	☐ Yes ☐ No	If yes, when:	
Are you taking any medications, pills, or drugs?	☐ Yes ☐ No	If yes, please list:	
Do you take/have you taken, Phen-Fen or Redux?	☐ Yes ☐ No	If yes, please explain:	
Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?	☐ ☐		
Are you on a special diet?	☐ Yes ☐ No	If yes, please explain:	
Do you use tobacco currently?	☐ Yes ☐ No	If yes, how much daily:	
Have you used tobacco in the past?	☐ Yes ☐ No	If yes, when/how much:	
Do you use any controlled substances?	☐ Yes ☐ No	If yes, please explain:	

WOMEN: are you	
☐	Pregnant or trying to get pregnant?
☐	Nursing?
☐	Taking oral contraceptives?

Are you ALLERGIC to any of the following? (please check)

☐ Aspirin ☐ Penicillin ☐ Codeine ☐ Acrylic ☐ Metal ☐ Latex ☐ Local Anesthetics
☐ Other Please list:_____

Do you have, or have you had, any of the following? (please check)

☐ AIDS/HIV positive	☐ Cold Sores	☐ Genital Herpes	☐ Kidney Problems	☐ Scarlet Fever
☐ Alzheimer's Disease	☐ Congenital Heart	☐ Glaucoma	☐ Leukemia	☐ Shingles
☐ Anaphylaxis	☐ Convulsions	☐ Hay Fever	☐ Liver Disease	☐ Sickle Cell Disease
☐ Anemia	☐ Cortisone Medication	☐ Heart Attack/Failure	☐ Low Blood Pressure	☐ Sinus Trouble
☐ Arthritis/Gout	☐ *Diabetes	☐ Heart Murmur	☐ Lung Disease	☐ Spinal Bifida
☐ Artificial Heart Valve	☐ Drug Addiction	☐ Heart Pace Maker	☐ Mitral Valve Prolapse	☐ Stomach Disease
☐ Artificial Joint	☐ Easily Winded	☐ Heart Trouble/Disease	☐ Osteoporosis	☐ Stroke
☐ Asthma	☐ Emphysema	☐ Hemophilia	☐ Pain in Jaw Joint	☐ Swelling of Limbs
☐ Blood Disease	☐ *Epilepsy or Seizures	☐ Hepatitis A	☐ Parathyroid Disease	☐ Thyroid Disease
☐ Blood Transfusion	☐ Excessive Bleeding	☐ Hepatitis B or C	☐ Psychiatric Care	☐ Tonsillitis
☐ Breathing Problems	☐ Excessive Thirst	☐ Herpes	☐ *Radiation Treatment	☐ Tuberculosis
☐ Bruise Easily	☐ Fainting Spells/Dizzy	☐ High Blood Pressure	☐ Recent Weight Loss	☐ Tumor or Growth
☐ *Cancer	☐ Frequent Cough	☐ Hives or Rash	☐ Renal Dialysis	☐ Ulcers
☐ *Chemotherapy	☐ Frequent Diarrhea	☐ Hypoglycemia	☐ Rheumatic Fever	☐ Venereal Disease
☐ Chest Pain	☐ Frequent Headaches	☐ Irregular Heartbeat	☐ Rheumatism	☐ Yellow Jaundice

Have you ever been told that you need to take an antibiotic prior to seeing a dentist? Yes / No

*If you checked one of the items marked with * please provide further information such as: type, medications used to treat, current status. . . .

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Have you ever had any serious illness not listed or explained above? **Yes / No** If yes please explain:

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