

# Sevierville Smiles

## HEALTH HISTORY FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (MI) (MM/DD/YYYY)

Name of Medical Doctor: \_\_\_\_\_ City/State: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Medical History

List all medications or herbal supplements you are now taking:  None

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Please check all that apply:

Does your physician requires you to be pre-medicated (antibiotic prophylaxis) prior to the dental appointment due to certain medical condition(s)?  Yes  No  Don't Know

#### Allergic Reactions:

Latex  Penicillin  Aspirin  Codeine  Local Anesthetic  Sulfa Drug

Others: \_\_\_\_\_

#### Artificial Joints:

Hip  Knee  Ankle  Shoulder Others: \_\_\_\_\_

#### Immunosuppressive Conditions:

Steroid Therapy  Radiation Tx.  Rheumatoid Arthritis  Lupus  HIV  
 Organ Transplant  Spleen Removed Others: \_\_\_\_\_

#### Cardiac Conditions:

High BP  Angina  Heart Attack  Hear Murmur  Rheumatic Fever  
 Low BP  Stroke  Pacemaker  Irregular Heart Beat  Bacterial Endocarditis  
 Artificial Heart Valve  Congenital Heart Disease  Mitral Valve Prolapse  Congestive Heart Failure

Others: \_\_\_\_\_

#### Other Medical Conditions:

Diabetes  Thyroid Disease  Hepatitis  Kidney Disease  Seizure or Nervous System  
 Asthma  Tuberculosis  Stomach or Intestinal Disease  Muscle or Joint Disease

**Women Only:** Are you  Pregnant  Nursing  Taking Birth Control Pill

Please list any other medical conditions you may have:

\_\_\_\_\_  
\_\_\_\_\_

Tobacco use ? If so, what kind and how much ? \_\_\_\_\_

### Dental History

Former Dentist, City & State: \_\_\_\_\_ Date of Last Dental Exam: \_\_\_\_\_

#### Please check all the conditions that apply:

Bad Breath  Bleeding Gums  Loose Teeth  Broken Filling  Tooth Pain  
 Sensitive to Hot/Cold  Periodontal Treatment  Jaw, Head & Neck injury  Blisters  Bacterial Endocarditis  
 Sensitive to Sweets  Frequent Headaches  Grinding Teeth

**Any other information you would like us to know:** \_\_\_\_\_