Dr. Costa & Dr. Waxman's Family Dentistry Health History

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The you were than serious head or next signal? Yes No If yes, please explains: Hince you ever beta diagnosed with cance? Yes No If yes, please explains: Hince you ever beta diagnosed with cance? Yes No If yes, please explains: Hince you ever beta diagnosed with cance? Yes No If yes, please explains: Hince you ever beta diagnosed with cance? Yes No If yes, please explains: Hince you ever beta diagnosed with cance? Yes No If yes, please explains: Hince you ever beta diagnosed with cance? Yes No If yes, please explains: Hince you ever beta diagnosed with cance? Yes No If yes please explains: Hince you ever beta diagnosed with cance? Yes No If yes please explains: Hince you ever beta diagnosed with cance? Yes No If yes please explains: Hince you ever beta diagnosed with cance? Yes No If yes please explains: Hince you ever beta diagnosed with cance? Yes No If yes please explains: Hince you ever beta diagnosed with cance? Yes No If yes please explains: Hince you ever beta diagnosed with cance? Yes No If yes please explains: Hince you ever beta diagnosed with cance? Yes No If yes please explains: Hince you ever beta diagnosed with cance? Yes No If yes please explains: Hince you ever beta diagnosed with cance? Yes No If yes please explains: Hince you ever beta diagnosed with cance? Yes No If yes please explains: Hince you ever beta diagnosed with cance? Yes No If yes please explains: Hince you ever beta diagnosed with cance? Yes No If yes please explains: Hince you ever beta diagnosed with cance? Yes No If yes please explains: Hince you ever beta diagnosed with cancer? Yes No If yes If yes No If		or medication you r	may be taking, can have a				
Have you ever bear a serious head or neck injury?		me and date of last (evam O Ves O No I	f ves nlease explain:			
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Have you ever been diageneed with enmoch? Do you have the collections or supplemental drugs (e.g. grancke,							
Do you use sobsector or any percentainal drugs (e.g. smoke,	Have you ever had a serious head	or neck injury?					
There you ever taken any bisphosphosphonates (e.g. Fosamus, Boniva, Acterol, Zurneta, Reclast, etc.)? Yes No Please list all current medications or supplements (pesseription or OTC): Presental Typing to get pregnant? Yes No Taking oral contraceptives? Yes No No Nursing? Yes No Sulfargeis: Dy you were the Soflowing all ergases? Aspirin Yes No Coddinc Yes No Local Anesthetics Yes No Local Anesthetics Yes No Later Yes No	· · · · · · · · · · · · · · · · · · ·						
Woman only:	chew, vape, etc.)?		,				
Woman only:	Have you ever taken any bisphosphon	ates (e.g. Fosamax,	Boniva, Actenol, Zometa	, Reclast, etc.)?	Yes ONo		
Women only: Pregnant/Toring to get pregnant? Ves No Taking oral contraceptives? Ves No Nunsing? Ves No Albergies: Do you have the following allergies?							
Altergies: Do you have the following allergies? Altergies: Do you have the following allergies? Aspirin Yes No Codine Yes No Indine Yes No Indi	Please list all current medications or si	ipplements (prescri	ption or OTC):				
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Altergies: Do you have the following allergies? Altergies: Do you have the following allergies? Aspirin Yes No Codine Yes No Indine Yes No Indi							
Alkergies: Do you have the following ultergies? Aspirin	Women only:						
Sulfa Drugs			Taking oral contra	aceptives? Yes	No Nu	ursing? Yes No	
Salfa Drugs	Aspirin Yes	No Codeine	$\bigcirc_{\mathrm{Yes}} \bigcirc_{\mathrm{No}}$	Metal	O Yes O No	Sedatives	O Yes O No
Neath Conditions/Concerns: Do you have, or have you had, any of the following conditions?	1 ~ ~				\bigcirc Yes \bigcirc No		\bigcirc Yes \bigcirc No
DSHIV Positive				Latex			
DSHIV Positive				<u> </u>			
deimer's Disease		have, or have you ha		nditions?		_	
Journophic Lateral	The state of the s		$\bigcirc_{\mathrm{Yes}} \bigcirc_{\mathrm{No}}$	•			\bigcirc Yes \bigcirc N
Drug Addiction			0,, 0,,				
aphylaxis			Section 1		~ ~		and the same
emia Yes No gina Glavier Yes No gina Glavier Yes No gina Glavier Yes No gina Yes No gina Wightine Yes No gina Yes No gina Glavier Yes No gina Glavier Yes No gina Gla		-		•		_	and the same
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Acknowledgement: Acknowledgement: Acknowledge				•	Table 1		and the same
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Heart Attack	2		U ICS U NO				
thma	~ ~	Heart Attack	\bigcirc Yes \bigcirc No				and the same of th
toimmune Disease		Heart Disease	\bigcirc Yes \bigcirc No	•			
Heart Pacemaker		Heart Failure		•			and the same
emotherapy		Heart Pacemaker			and the same	_	
Ide Sores/ Fever	hemotherapy	Hemophilia	and the second second				
sters High Blood Pressure Yes No No High Cholesterol Yes No No No No No No No N	old Sores/ Fever Yes No	_			100		O Yes O N
Irregular Heartbeat	listers	- C		Stroke			
Have you ever had any serious illness not listed above? Dental History/Concerns: Gums bleed while brushing or flossing? Yes No Sensitivity to hot/cold? Yes No Do you experience dry mouth? Yes No Do you currently use a mouth guard? Yes No Thomb sucking? Tooth pain? Are you brushing daily? How often? Do you have dental anxiety? Are you brushing daily? How often? Do you dental with the been answered accurately. I understand that providing incorrect information can be dangerous to minform the dental office of any changes in medical status. Yes No Mouth habits: nail biting, Yes No Thumb sucking? Prolonged bleeding Yes No Prolonged bleeding Yes No Do you use an electric toothbrush? Yes No Prolonged bleeding Post dental procedure? Is there anything you would like to change about your smile? Acknowledgement: Office Use Only: ♥ Blood Pressure: / Pre-Med Status: Yes Inform the dental office of any changes in medical status.		_		Swelling of Limbs	O Yes O No		
Have you ever had any serious illness not listed above? Yes		Irregular Heartbe	eat Yes No				
Dental History/Concerns: Gums bleed while brushing or flossing? Yes No Sensitivity to hot/cold? Yes No Is Fluoride taken in any form? Yes No Do you experience dry mouth? Yes No Do you currently use a mouth guard? Yes No Tooth pain? Are you brushing daily? How often? Do you have dental anxiety? Are you flossing? How often? Office Use Only: ▼ Blood Pressure: / Pre-Med Status: Yes No Some of any changes in medical status.	epression \bigcirc res \bigcirc No						
Sensitivity to hot/cold? Or yes No Do you experience dry mouth? Or yes No Do you experience dry mouth? Or yes No Do you use an electric toothbrush? Or yes No Thumb sucking? Prolonged bleeding Or yes No post dental procedure? Is there anything you would like to change about your smile? Acknowledgement: Office Use Only: ▼ Blood Pressure: Office	Have you ever had any serious illness r Dental History/Concerns:	ot listed above?	Yes No If yes, ple	ease explain:			
Sensitivity to hot/cold? Or yes No Do you experience dry mouth? Or yes No Do you experience dry mouth? Or yes No Do you use an electric toothbrush? Or yes No Thumb sucking? Prolonged bleeding Or yes No post dental procedure? Is there anything you would like to change about your smile? Acknowledgement: Office Use Only: ▼ Blood Pressure: Office	Gums bleed while brushing or flossing?	Oyes O No	Previously had braces?	\bigcirc	Yes O No Mou	th habits: nail biting	Oyes O No
Do you experience dry mouth? Or you currently use a mouth guard? Tooth pain? Are you brushing daily? How often? To the best of my knowledge, the above questionnaire has been answered accurately. I understand that providing incorrect information can be dangerous to my (or the patients) health. I also understand that it is my responsibility to inform the dental office of any changes in medical status. Do you use an electric toothbrush? Yes \ No Office Use Only: \ Blood Pressure: / Pre-Med Status: \ Yes \ No Yes \ No Yes \ No Yes \ No Office Use Only: \ Blood Pressure: / Pre-Med Status: \ Yes \ No Yes \ No No Yes \ No No Yes \ No No Yes \ No Yes \ No Yes \ No No Yes \ No No Yes \ No No Yes \ No Yes \ No Yes \ No Yes \ No No Yes \ No Yes \ No Yes \ No Yes \ No No Yes \ No No Yes \ No Yes \ No No Yes \ No Yes \ No Yes \ No No Yes \			,		14.0	<u>.</u>	9 100 9 No
Tooth pain?	•				Yes O No Prok	Prolonged bleeding	
Tooth pain? Are you brushing daily? How often? Are you flossing? How often? Office Use Only: Ves No Are you would like to change about your smile? No Are you flossing? How often? Office Use Only: Ves No Blood Pressure: Office Use Only: Ves No Yes No Yes No Yes No Are you flossing? How often? Office Use Only: Ves No Yes No	Do you currently use a mouth guard?	○ _{Yes} ○ _{No}	Sores or lumps in or out	of the mouth?	∕es ⊃ No l	·	
Are you brushing daily? How often? Are you flossing? How often? Yes Office Use Only: ♥ Blood Pressure: / Pre-Med Status: ○ Yes Office Use Only:	,		·	^	ls the		=
Acknowledgement: Office Use Only: ♥ Blood Pressure: / Pre-Med Status: ○ Yes ○ Pre-Med Status: ○ Yes	·		your strille:				
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Signature of Patient/Guardian Date Signature of Dentist Date	accurately. I understand that providin my (or the patients) health. I also	g incorrect informa understand that it	aire has been answered ation can be dangerous to t is my responsibility to	Office Use Only: ♥ E	Blood Pressure:	/ Pre-Med S	tatus: O Yes O N
	Signature of Patient/Cuardian		Date	Signature of Dentist			Date