Rowe & Rowe Smile Studio, PA
Patient Medical History

Patient Name _____ Birth Date _____

Although dental personnel primarily treat the area in and around your mouth, your mouth is part of your entire body. Health problems that you have, or medication that you may be taking could have an important relationship with the dental treatment you receive. Thank you for answering the following questions so that we may better care for you!

*Are you under a physicians care now? _____
*Are you taking any medication, pills, or drugs? _____ If yes please list all medicines: _____

*Have you ever been hospitalized or had a major operation? _____
*Have you ever had a serious head or neck injury? _____
*Do you, or have you ever taken, Phen-Fen or Redux? _____
*Do you use any type of tobacco? _____

Women – Are you
Pregnant/trying to get pregnant? _____ Breast Feeding? _____
Taking Oral Contraceptives? _____

Are You Allergic To Any Of The Following?
Aspirin ❑ Penicillin ❑ Codeine❑ Acrylic❑ Metal❑ latex❑
local anesthetic❑ Other❑ Please Explain _____

Do you have, or have you had, any of the following?

Aids/HIV Positive	❑	Heart Pacemaker	❑
*Artificial Heart Valve	❑	Heart Trouble Disease	❑
*Artificial Joint	❑	Hemophilia	❑
Asthma	❑	Hepatitis A	❑
Blood Disease	❑	Hepatitis B or C	❑
Blood Transfusion	❑	Herpes	❑
Breathing Problems	❑	High Blood Pressure	❑
Chest Pains	❑	Hypoglycemia	❑
Cold Sores/Fever Blisters	❑	Irregular Heartbeat	❑
Congenital Heart Disorder	❑	Liver Disease	❑
Diabetes	❑	Low Blood Pressure	❑
Drug addiction	❑	Lung Disease	❑
Epilepsy/Seizures	❑	*Mitral Valve Prolapse	❑
Excessive Bleeding	❑	Pain In Jaw Joints	❑
Excessive Thirst	❑	Psychiatric Care	❑
Frequent Headaches	❑	Stroke	❑
Heart Attack/Failure	❑	Tuberculosis	❑
*Heart Murmur	❑	Ulcers	❑

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

_____
Signature DATE