DENTAL ARTS GROUP

Please take a moment to update your information for us. Thank you!

Name (First,Last): _____ DOB: ____/____/____

Home address: _____

Cell #: _____ Home #: _____

Email: _____

Primary medical physician and location: _____

Last medical check-up: _____

Do you have any allergies? ○ YES ○ NO

IIf Yes, What? Penicillin/Amoxicillin, Clindamycin, Codeine, Epinephrine (Novocaine), Aspirin, Latex, Other? _____

Have you ever been told to pre-medicate or take antibiotics before seeing a dentist? ○ YES ○ NO

Have you had any of the following: Joint Replacement, Heart Valve Replacement, Endocarditis? ○ YES ○ NO

IF YES: What joint/valve? _____ When was surgery? _____

Have you been treated for osteoporosis (bone loss)? ○ NO– IF ○ YES: What medication? _____

WOMEN ONLY: ○ Pregnant ○ Trying to become pregnant ○ Nursing

INDICATE WHAT APPLIES:

○ Allergies	○ Amoxicillin allergy	○ Anemia	○ Anti-Depressant
○ Arthritis	○ Takes aspirin	○ Asthma	○ Augmentin allergy
○ Birth control taking	○ Aspirin allergy	○ Blood thinner	○ By-Pass surgery
○ Cancer	○ COVID-19	○ Codeine allergy	○ Diabetes
○ Dizziness	○ Cipro allergy	○ Emphysema	○ Epilepsy
○ Erythromycin allergy	○ Ear trouble	○ Fainting	○ Glaucoma
○ Head injuries	○ Excessive bleeding	○ Heart disease	○ Heart murmur
○ Heart valve replacement	○ Hearing trouble	○ High blood pressure	○ HIV
○ Impaired vision	○ Hepatitis	○ Low blood pressure	○ Kidney disease
○ Latex allergy	○ Jaundice	○ Joint replacement	○ Mental disorders
○ Metal allergy	○ Liver disease	○ Lupus	○ Pregnancy
○ Pace maker	○ Mitral valve prolaps	○ Nervous disorders	○ Rheumatic fever
○ Pre-medication	○ Panic attacks	○ Penicillin allergy	○ Tuberculosis
○ Seizures	○ Radiation treatment	○ Respiratory problems	○ Thyroid
○ Tumors	○ Sinus problems	○ Stroke	○ Ulcers

List all medications: _____

_____

Dental Concerns? (EX: Pain, Sensitivity, Missing teeth?) _____

Dental Wants? (EX: Whitening, Straightening, Replacing missing teeth) _____

Sleep Questionnaire : ○ Snoring ○ Snoring affecting other's sleep ○ Gasping for breath ○ Daytime fatigue

Signature: _____ Date: _____/_____/_____