PROGRESSIVE PERIO & ASSOCIATES

Crystal Chun, DMD, MS
Periodontics | Dental Implants

CONFIDENTIAL MEDICAL HISTORY

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

Patient Name: *First:*_____ *Middle Initial*:_____ *Last:*_____

Birth Date:_____ Pharmacy Info:_____

Physician's Name:_____ Date of last visit:_____

Physician's Phone: (_____)_____

Have you ever had the following? Please check those that apply:

- ☐Alzheimer's Disease
- ☐Anemia
- ☐Anxiety
- ☐Arthritis/Rheumatism
- ☐Artificial Joint/Hip/Knee
- ☐Asthma/Hay Fever
- ☐Blood Disease
- ☐Cancer
- ☐Chest Pain
- ☐Diabetes
- Last AIC_____
- ☐Dementia
- ☐Epilepsy
- ☐Excessive Bleeding
- ☐Fainting/Dizziness
- ☐Glaucoma
- ☐Growths
- ☐Head/Facial Injury
- ☐Heart Disease
- ☐Heart Murmur/Mitral Valve
- ☐Hemophilia
- ☐Hepatitis A, B, C
- ☐Herpes
- ☐HIV/AIDS
- ☐High Blood Pressure
- ☐High Cholesterol
- ☐Jaundice
- ☐Kidney Problems
- ☐Liver Disease
- ☐Low Blood Pressure
- ☐Lung Disease
- ☐Osteoporosis
- ☐Pacemaker
- ☐Psychiatric Problems
- ☐Radiation Chemotherapy
- ☐Respiratory Problems
- ☐Rheumatic Fever
- ☐Shortness of Breath
- ☐Sinus Problems
- ☐Stomach Problem
- ☐Stroke
- ☐Thyroid Disease
- ☐Tuberculosis
- ☐Tumors
- ☐Ulcers
- ☐Venereal Disease
- ☐Other Condition: _____

Have you ever taken any of the group of drugs collectively referred to as "Fen-Phen"?

These include combinations of Ionimin, Adipex, Fastin, Pondimin and Redux. ☐Yes ☐No

Have you ever taken any bisphosphonate type drugs which include: Fosamax, Actonel, Boniva, Zometa and Aredia?

☐Yes ☐No If yes, for how long? _____ years _____months

Are you currently: ☐Pregnant ☐Nursing ☐Using Birth Control

Do you smoke? ☐Yes ☐No Do you use alcohol on a daily basis? ☐Yes ☐No

Allergies, i.e. food, drugs, latex, local anesthetic? ☐Yes ☐No

If yes, please explain:_____

OVER →

PROGRESSIVE PERIO & ASSOCIATES

Crystal Chun, DMD, MS
Periodontics | Dental Implants

CURRENT MEDICATIONS / UPDATED MEDICATIONS

Please list ALL prescription, over-the-counter (including daily aspirin therapy), and herbal medications you are currently taking. Also, please list the dosage, reason for each medication, and if the medication was prescribed by your physician.

Mo/Yr	Name of Medication	Reason	Prescribed by your Physician
_____	_____	_____	☐Yes ☐No
_____	_____	_____	☐Yes ☐No
_____	_____	_____	☐Yes ☐No
_____	_____	_____	☐Yes ☐No
_____	_____	_____	☐Yes ☐No

CONFIDENTIAL DENTAL HISTORY

Reason for today's visit:_____

General Dentist:_____ Date of last visit:_____

Check if you have had problems with any of the following:

☐Bad Breath	☐Bleeding Gums	☐Clicking/Popping Jaw	☐Difficulty Chewing
☐Digestive Problems	☐Facial Pain	☐Food collection between teeth	☐Gagging easily
☐Grinding Teeth	☐Limited jaw opening	☐Loose/Broken Teeth	☐Facial/Jaw Numbness
☐Periodontal Treatment	☐Poorly fitting dental appliance	☐Sensitivity	☐Sores/Growths in your mouth
☐Teeth don't match properly			

Are you on any blood thinners? ☐Yes ☐No If yes, last INR:_____

Do you need antibiotic premedication prior to dental treatment? ☐Yes ☐No Prescription:_____

Do you have back or neck pain when sitting or leaning back? ☐Yes ☐No

SIGNATURE

Signature:_____ Date:_____