Bassett Creek DENTAL

Medical History Form

Account # ____________________

Patient's Name ______________________________ Birth Date ________________ Sex _____

Your Physician ______________________________ Specialty ________________ How Long ________

Office Address ______________________________ Phone # ____________________

Are you under a physician's care now? ☐ Yes ☐ No Why? ____________________

Have you been hospitalized in the last two years? ☐ Yes ☐ No Why? ____________________

Are you taking any medications, pills, or drugs? ☐ Yes ☐ No (Please list) ____________________

____

Are you allergic to any medication, substance or latex? ☐ Yes ☐ No (Please list) ____________________

____

Do you smoke? ☐ Yes ☐ No Women: Are you pregnant? ☐ Yes ☐ No Are you taking birth control pills? ☐ Yes ☐ No

Please indicate if you have had any of the following

☐ Heart Trouble ☐ Fainting or Dizziness ☐ Frequent Cough ☐ Stroke ☐ Cortisone Treatmen

☐ Lung Disease ☐ Glaucoma ☐ Heart Murmur ☐ Diabetes ☐ Tuberculosis

☐ Epilepsy or Seizures ☐ Rheumatic Fever ☐ Excessive Thirst ☐ Liver Disease ☐ Extreme Nervousness

☐ Artificial Joints ☐ Hepatitis A or B ☐ Hypoglycemia ☐ Artificial Heart Valve ☐ Kidney Trouble

☐ Yellow Jaundice ☐ Psychiatric Care ☐ Heart Pacemaker ☐ Ulcers ☐ Chemical Dependency

☐ Cancer ☐ Heart Surgery ☐ Allergies ☐ Thyroid Disease ☐ Blood Transfusion

☐ Blood Disease ☐ Scarlet Fever ☐ Parathyroid Disease ☐ Hemophilia ☐ Anemia

☐ Asthma ☐ Chest Pain ☐ Hay Fever ☐ Chemotherapy ☐ AIDS or HIV Positive

☐ Venereal Disease ☐ Shortness of Breath ☐ Sinus Trouble ☐ Arthritis/Gout ☐ Emphysema

☐ Rheumatism ☐ Excessive Bleeding ☐ Swelling of Feet/Ankles/Hands ☐ X-Ray or Cobalt Treatment

☐ Cold Sores/Fever Blisters ☐ Congenital Heart Problem ☐ High/Low Blood Pressure

Have you had any other serious illness not indicated above? ☐ Yes ☐ No (Please list) ____________________

Is there anything else that would be valuable for us to know? ☐ Yes ☐ No (Please list) ____________________

I hereby certify that the forgoing information is correct. If there are any changes in my medical history I will notify my dentist.
I authorized the dental office to perform those procedures necessary to accomplish the agreed upon treatment.

Patient's Signature ______________________________ Date ____________________

Recorded by ______________________________ DDS Signature ____________________

Updates

Date	Changes	Patient Signature	DDS/RDH Signature

Form continues on back side

Bassett Creek DENTAL

Medical History Form

Dental History

Previous Dentist ______________________________ City ____________________ How Long __________

When was your last visit to a dentist? ____ X-rays taken? ________

What did you have done at that visit? ____

What is the primary reason for your visit today? ____

How often do you brush? ______________ Floss? __________ Visit the dentist? ____________________

Please indicate if you have or had any of the following

- ☐ Head or Neck Injuries
- ☐ Sore or Sensitive Teeth
- ☐ Bleeding Gums
- ☐ Trouble with your jaw joint (TMJ)
- ☐ Difficulty chewing
- ☐ Anxiety because of dental treatment
- ☐ Sores on lips or mouth that are slow to heal
- ☐ Orthodontic Treatment
- ☐ Periodontal Treatment
- ☐ Wisdom Teeth Extraction
- ☐ Habit of Grinding or Clenching your teeth
- ☐ Adverse reaction to local anesthetics (Novocaine)
- ☐ Excessive bleeding or slow healing after a tooth extraction
- ☐ Dissatisfaction with the appearance of your teeth

Is there anything else that would be valuable for us to know? ____

____

Has any dental treatment been recommended to you that has not been done? ☐ Yes ☐ No (Please list) ____________

____

How did you hear about Bassett Creek Dental?

- ☐ Relative ________________
- ☐ Health Fair/Event
- ☐ Yellow Pages (Minneapolis)
- ☐ Newspaper
- ☐ Fitness Center
- ☐ Friend ________________
- ☐ BriteSmile
- ☐ Yellow Pages (Golden Valley)
- ☐ Internet
- ☐ Other ________________
- ☐ Staff Member ________________
- ☐ Professional Referral ________________
- ☐ New Resident Letter
- ☐ Returning Patient

Did you select Bassett Creek Dental because of: ☐ Hours ☐ Location ☐ Reputation ☐ Other ________________

Please feel free to ask any questions that you may have. Thank you.