Adult Health Questionnaire

Today's Date

Full Name *

Birthdate Age Sex Unkno

Address

,

SSN email

Home Phone #

Work Phone #

Cell Phone #

Physician

Physician's Phone #

Date of last physical examination

Have you had any serious illness, hospitalization, or accident? Yes ☐ No ☐

If yes, describe:

Have you ever had an allergic reaction to the following:

Dental Anesthetics ☐ Penicillin ☐ Sulfa ☐ Codeine ☐ Aspirin/Ibuprofen ☐ LATEX ☐

Other Antibiotics ☐ Dyes ☐ Food ☐ Tylenol ☐ Other Medications ☐ None ☐

Have you ever had any of the following conditions? *Please circle the ones that may apply:*

Heart Disease	Hepatitis	Kidney Disorder	Bipolar Disorder	Tobacco Use
Heart Murmur	Liver Disease	Dialysis	Depression	Alcohol Use
Heart Attack	Lung Disease/COPD	Anemia	Anxiety	Illicit Drug Use
Hypertension	Asthma	Sickle Cell Anemia	Eating Disorder	
Angina	Emphysema/Bronchitis	Bleeding Problems	Dementia	
Heart Surgery	Sleep Apnea	Arthritis	HIV+ or AIDS	**Women**
Artificial Heart Valve/	Diabetes	Joint Replacement	Cancer	Pregnant
Mitral Valve Prolapse	Thyroid Problem	Fibromyalgia	Cancer Treatment	Nursing
Stroke	Sjogren's Syndrome	Lupus	Hearing Impaired	
Epilepsy	Osteoporosis	GERD	Organ Transplant	
Seizures	Glaucoma	Tuberculosis	Cortisone Medication	

Please check the box if you have any disease, condition, or problem that is not listed above: ☐

List all your medications:

For Office Use Only:

BP ______ mmHg

Pulse ______ bpm

Weight ______ lbs.

I understand the above information is necessary to provide me with dental care in a safe and efficient manner. I have answered all questions to the best of my knowledge. Should further information be needed, you have my permission to ask the respective health care provider, who may release such information to you. I will notify the doctor of any changes in my health or medication.

I consent to the doctor's exam and necessary diagnostics for treatment including x-rays.

Signature of Patient: Signature of Doctor/Staff:

Welcome and thank you for letting us care for your smile!

When quality and comfort matter, the CHOICE is simple.