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Name

DOB

Date

## Medical History

What Is the Reason for your visit? \_\_\_\_\_

\_\_\_\_\_

Do You Have Any Current Dental Concerns? \_\_\_\_\_

\_\_\_\_\_

When Was Your Last Visit to the Dentist? \_\_\_\_\_

Name of MEDICAL Doctor: \_\_\_\_\_

When was your last check up with your MEDICAL doctor? \_\_\_\_\_

List All Medications You Are Currently Taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you take or have you ever taken any of the following medications?

Bis-Phosphonate (Fosamax, Boniva, Actonel, etc..) (generally used for osteoporosis or cancer treatment):  No  Yes Name of medication: \_\_\_\_\_ When:

\_\_\_\_\_

Blood Thinners: (Coumadin, Warfarin, etc..) : No Yes Name of medications: \_\_\_\_\_  
When: \_\_\_\_\_

Please check all that you are allergic or intolerant too:

- Latex
- Dental anesthetic / Epinephrine
- Tylenol / Acetaminophen
- Ibuprofen / Advil / NSAIDS
- Narcotics / Codeine / Hydrocodone
- Clindamycin
- Penicillin / Amoxicillin
- Shellfish
- Dairy / Milk Protein
- Nuts
- No known allergies

Other:

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Signature

Printed Name

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**Do you have, or have you had, any of the following medical conditions?**

- Diabetes
- High Blood Pressure
- Heart Disease
- Heart Valve Replacement
- Stroke
- Bleeding Problems
- Thyroid Disease
- Cancer Type: \_\_\_\_\_ When: \_\_\_\_\_ Treatment received: \_\_\_\_\_
- Liver Disease / Hepatitis
- HIV / AIDS
- Asthma
- Kidney Disease
- Mental Health Disorder
- Sinus Trouble
- Joint Replacement
- Ulcers
- Seizures / Epilepsy

**Other:**

**Do you currently use any of the following?**

- Cigarettes, Vapes, or Tobacco Products
- Other Recreational Drugs
- Marijuana or CBD Products

**Women Only (Please Check Any That Apply):**

- Currently pregnant Due date: \_\_\_\_\_
- Trying to get pregnant or could possibly be pregnant
- Currently using birth control
- Breastfeeding

By signing this form, I am acknowledging that it is true and accurate to the best of my knowledge. I agree to inform Golden Heart Dental if any changes to my medical history arise.

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Signature

Printed Name

Date