DAVIS FAMILY DENTISTRY

17020 E HWY 40, Suite #7 Independence, MO 64055 Phone: 816-350-7710

Medical History

Name: _____ Birthday: _____ Date: _____

Physician's Name: _____ Physician's Phone#: _____

When was your last visit to your physician? _____

Please tell us if you have had any of the following by checking the boxes below:

- ☐ Bacterial Endocarditis
- ☐ Heart Murmur
- ☐ Irregular Heart Beat
- ☐ Respiratory Disease
- ☐ Shortness of Breath
- ☐ Hay fever/Allergies
- ☐ Sinus Problems
- ☐ Tuberculosis
- ☐ Hepatitis _____
- ☐ Stroke
- ☐ Thyroid Problems
- ☐ Ulcer/Colitis
- ☐ Autoimmune Disease _____
- ☐ Herpes/ Fever Blisters
- ☐ Are you taking Birth Control?
- ☐ Pregnant _____months
- ☐ Neurological Disorder
  Alzheimer's, Dementia, Etc.
- ☐ Sickle Cell Anemia
- ☐ Asthma
- ☐ Excessive Bleeding
- ☐ Radiation Treatments
- ☐ Malignancies
- ☐ Cancer, Tumors, Growths
- ☐ Eye disorders/Glaucoma
- ☐ AIDS/HIV
- ☐ Rheumatism/Arthritis
- ☐ Epilepsy/Seizures/Fainting
- ☐ High/Low Blood Pressure
- ☐ Rheumatic Fever
- ☐ Mitral Valve Prolapse
- ☐ Artificial Heart Valves
- ☐ Heart Disease
- ☐ Heart Surgery
- ☐ Psychiatric Condition
  Anxiety, Depression, Etc.
- ☐ Leukemia
- ☐ Heart Attack
- ☐ Angina/Chest Pain
- ☐ Pacemaker
- ☐ Congestive Heart Failure
- ☐ Blood Disease
- ☐ Hemophilia
- ☐ Kidney Problems
- ☐ Anemia/Blood Problems
- ☐ Diabetes
- ☐ Dialysis
- ☐ Liver Problems
- ☐ Chemical Dependency
- ☐ Venereal Disease
- ☐ Autism Asperger's/Pervasive Dev
- ☐ Artificial Replacement-
  knee, hip, joint, pins, plate

Are you allergic to any of the following?

- ☐ Latex Rubber
- ☐ Aspirin
- ☐ Sedatives
- ☐ Any Metals-Mercury-Nickel
- ☐ Sulfa Drugs
- ☐ Local Aesthetics/Novocain
- ☐ Penicillin or other antibiotics
  _____

Please list any other MEDICAL CONDITIONS not mentioned above:

_____

_____

Please list all medications you are currently taking (we can make a copy if you have a list)

_____

_____

_____

_____ _____

Patient Signature Date