GJ Smiles
Carl A. Feghali DDS, PC

MEDICAL HISTORY

Name ..... Birth Date .....
(First,Middle Initial, Last)

- When was your last dental visit? ..... Chief dental concern? .....
- Do you like the way your smile looks? ☐ Yes ☐ No What would you change? .....
- Are you under a physician's care now? ☐ Yes ☐ No If yes, for what reason? .....
- Physician's name ..... Phone number .....
- Have you been hospitalized in the last 5 years? ☐ Yes ☐ No Reason? .....
- Have you ever had a serious head or neck injury? ☐ Yes ☐ No If yes, please explain .....
- Are you taking any medications, pills or drugs including supplements? .....

.....

- Do you snore? ..... Do you have Sleep Apnea? ..... Do you use a CPAP? .....
- Are you on a special diet? ☐ Yes ☐ No
- Do you use tobacco? ☐ Yes ☐ No
- Do you use controlled substances including cocaine? ☐ Yes ☐ No If yes, what are you taking? .....
- Do you use alcohol on a regular basis? ☐ Yes ☐ No If yes, how often? .....
- Are you pregnant/trying to get pregnant? ☐ Yes ☐ No
- Nursing? ☐ Yes ☐ No
- Taking oral contraceptives? ☐ Yes ☐ No
- Are you allergic to any of the following?

☐ Aspirin / Ibuprophen / Tylenol ☐ Penicillin / Antibiotics ☐ Codeine / Valium / Sedatives ☐ Sulfa ☐ Iodine

☐ Acrylic ☐ Metal ☐ Latex ☐ Local anesthetics ☐ Other .....

- Do you have, or have you had, any of the following?

☐ AIDS / HIV Positive*/ ARC
☐ Alzheimer's Disease
☐ Anaphylaxis
☐ Anemia
☐ Angina
☐ Arthritis / Gout / Rheumatism
☐ Artificial Heart Valve*/ Stent
☐ Artificial Joint*
☐ Asthma
☐ Abnormal Bleeding
☐ Blood Disorders / Disease
☐ Blood Transfusion
☐ Breathing Problem
☐ Cancer
☐ Chemotherapy
☐ Chest Pains
☐ Cold Sores / Fever Blisters
☐ COPD (Bronchitis / Emphysema)
☐ Congenital Heart Disorder
☐ Convulsions
☐ Coronary Artery Disease
☐ Cortisone Medicine
☐ Diabetes
☐ Drug Addiction
☐ Dry Mouth
☐ Easily Winded
☐ Epilepsy or Seizures
☐ Excessive Thirst
☐ Fainting Spells / Dizziness
☐ Frequent Cough
☐ Frequent Diarrhea
☐ Frequent Headaches
☐ Gastrointestinal Disease
☐ Genital Herpes
☐ G.E. Reflux / Persistent Heartburn
☐ Glaucoma
☐ Hay Fever
☐ Heart Attack / Disease
☐ Heart Murmur*
☐ Hemophilia
☐ Hepatitis any forms
☐ Herpes
☐ High Blood Pressure
☐ History of Bulimia or Anorexia
☐ Hives or Rash
☐ Hypoglycemia
☐ Irregular Heartbeat
☐ Kidney Disease
☐ Leukemia
☐ Liver Disease / Jaundice
☐ Low Blood Pressure
☐ Lung Disease
☐ Mitral Valve Prolapse*
☐ Pacemaker
☐ Pain in Jaw Joints
☐ Parathyroid Disease
☐ Psychiatric Care
☐ Radiation Treatments / Chemo
☐ Recent Weight Loss
☐ Renal Dialysis
☐ Respiratory Problems
☐ Rheumatic Fever*
☐ Scarlet Fever
☐ Shingles
☐ Sickle Cell Disease
☐ Sinus Trouble
☐ Sores or Ulcers
☐ Spina Bifida
☐ Stomach / Intestinal Disease
☐ Stroke
☐ Swelling of Limbs
☐ Systematic Lupus
☐ Thyroid Disease
☐ Tonsillitis
☐ Tuberculosis
☐ Tumors or Growths
☐ Ulcers
☐ Venereal Disease

**** May require pre-medication***

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MEDICAL HISTORY

• Have you had any joint replacement? ☐ No ☐ Yes, Date of surgery .....

Name and Phone number of surgeon .....

• Are you taking any of these medications?

Pre-medication before dental treatment?	☐ No	☐ Yes	Tagamet® (cimetidine) or Prilosec® (omeprazole)?	☐ No	☐ Yes
Antacids?	☐ No	☐ Yes	Cardizem® (diltiazem) or Calan, Isoptin® (Verapamil)?	☐ No	☐ Yes
Dilantin® or Tegretol®	☐ No	☐ Yes	Serzone® (nefazodone)	☐ No	☐ Yes
Barbiturates (any)	☐ No	☐ Yes	Diflucan® (fluconazole) or Sporonox® (itraconazole)	☐ No	☐ Yes
St. John's Wort or Kava-Kava?	☐ No	☐ Yes	Biaxin® (clarithromycin)	☐ No	☐ Yes

• Have you been treated with Bisphosphonate drugs (Fosamax®, Aredia®, Zometa®, Actonel®, Boniva®)? ☐ No ☐ Yes

If so, when did the treatment begin? When did the treatment end?

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be hazardous to my (or Patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

Signature of Patient, Parent or Guardian Date

MEDICAL HISTORY UPDATE

1 • Date ..... Changes: .....

2 • Date ..... Changes: .....

3 • Date ..... Changes: .....

4 • Date ..... Changes: .....

5 • Date ..... Changes: .....

6 • Date ..... Changes: .....

7 • Date ..... Changes: .....