Valley View Family Dentistry

G. William Godfrey, DDS Lee R. Reddish, DDS Michael W. Godfrey, DMD

PATIENT HEALTH HISTORY FORM

MEDICAL

Primary Care Physician: _____ Phone #: _____
Is a physician currently treating you? NO: _____ YES: _____
Reason (if "YES" above): _____
Have you ever been told to take an antibiotic before dental visits? NO: _____ YES: _____
Have you been hospitalized in the past 2 years? NO: _____ YES: _____
Reason (if "YES" above): _____
Are you allergic to Latex? NO: _____ YES: _____
Do you have any other allergies? NO: _____ YES: _____
Other allergies (if "YES" above): _____
Do you smoke or use chewing tobacco? NO: _____ YES: _____
Are you currently taking any medication(s)? NO: _____ YES: _____
Name of medication(s): _____
_____
_____
Have you ever had a reaction and/or rash from metal jewelry? NO: _____ YES: _____
Do you bleed excessively upon injury? NO: _____ YES: _____
(Women) Are you pregnant, or is there a chance you are pregnant? NO: _____ YES: _____

Please circle any of the following that you have had or now have:

ALCOHOLISM ASTHMA ARTHRITIS ARTIFICIAL JOINT(S) CANCER
DIABETES DRUG ADDICTION EMPHYSEMA EPILEPSY HEPATITIS HERPES
HIV/AIDS HIGH BLOOD PRESSURE LOW BLOOD PRESSURE GLAUCOMA
HEART MURMUR OTHER HEART PROBLEM(S) OSTEOPOROSIS JAUNDICE
KIDNEY PROBLEMS PACEMAKER PERSISTENT COUGH VENEREAL DISEASE
RHEUMATIC FEVER RADIATION THERAPY STROKE TUBERCULOSIS

Any other disease or condition not listed above: _____
Have you ever taken prescription diet pills? NO: _____ YES: _____
Have you ever been treated with bisphosphonates? NO: _____ YES: _____

DENTAL

What is your greatest concern about today's visit? _____
Are you having any discomfort at this time? NO: _____ YES: _____
Are you satisfied with the appearance of your teeth? NO: _____ YES: _____
Reason for leaving former dentist (optional): _____

I certify that the information and answers contained on this registration and health history form are accurate to the best of my knowledge

Signature: _____ Date: _____

UPDATES (for office use only)

_____
_____
_____
_____
_____
_____
_____