15 EAST MAIN STREET, CHILTON, WI 53014 • PHONE: 920-849-9341 • FAX: 920-849-9342

PATIENT MEDICAL HISTORY

Patient's Name

FOR OFFICE USE ONLY
ID

Address	Today's Date	Date of Last Visit	Date of Medical History

City, State, Zip	Email

Home Phone	Work Phone	Birth Date	Social Security Number	Marital Status

Primary Dental Guarantor	Home Phone	Work Phone

Secondary Dental Guarantor	Home Phone	Work Phone

Physician Name	Physician Phone

Pharmacy	Pharmacy Phone

Medical Alerts **FOR OFFICE USE ONLY**

Sex

If female please answer the following

Y	N	
☐	☐	Are you taking birth control pills?
☐	☐	Are you pregnant?
☐	☐	Are you nursing?

Please answer the following

Y	N	
☐	☐	Do you smoke or use tobacco?

Height

Weight

FOR OFFICE USE ONLY
BP **Heart Rate**

Y	N	Conditions
☐	☐	Abnormal Bleeding
☐	☐	Alcohol Abuse
☐	☐	Anemia
☐	☐	Angina Pectoris
☐	☐	Antidepressants
☐	☐	Arthritis
☐	☐	Artificial Bones
☐	☐	Artificial Heart Valve
☐	☐	Asthma
☐	☐	Blood Transfusion
☐	☐	Cancer
☐	☐	Chemotherapy
☐	☐	Congenital Heart Defect
☐	☐	Diabetes
☐	☐	Drug Abuse
☐	☐	Eating Disorders
☐	☐	Emphysema
☐	☐	Epilepsy
☐	☐	Fainting Spells
☐	☐	Fever Blisters
☐	☐	Frequent Headaches
☐	☐	GI Disorders

Y	N	Conditions
☐	☐	Glaucoma
☐	☐	HIV+ AIDS
☐	☐	Hay Fever
☐	☐	Heart Attack
☐	☐	Heart Stents
☐	☐	Heart Surgery
☐	☐	Hemophilia
☐	☐	Hepatitis A
☐	☐	Hepatitis B
☐	☐	High Blood Pressure
☐	☐	High Cholesterol
☐	☐	Kidney Problems
☐	☐	Liver Disease
☐	☐	Low Blood Pressure
☐	☐	Mitral Valve Prolapse
☐	☐	Pace Maker
☐	☐	Pneumocystis
☐	☐	Radiation Therapy
☐	☐	Rheumatic Fever
☐	☐	Seizures
☐	☐	Shingles
☐	☐	Sickle Cell Disease

Y	N	Conditions
☐	☐	Sinus Problems
☐	☐	Stroke
☐	☐	Thyroid Problems
☐	☐	Tuberculosis
☐	☐	Yellow Jaundice
☐	☐	Special Needs

Y	N	Allergies
☐	☐	Aspirin
☐	☐	Codeine
☐	☐	Dental Anesthetics
☐	☐	Erythromycin
☐	☐	Jewelry
☐	☐	Latex
☐	☐	Metals
☐	☐	Penicillin
☐	☐	Tetracycline

Other

____

____

CONTINUED »

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PATIENT MEDICAL HISTORY *(continued)*

Medications

Y **N**

☐ ☐ Is there any disease, condition, or problem that you think this office should know about that is not covered above?
If yes, please describe below…

Notes

Signature: ______________________________ **Date:** ______________

(If under 18, Parent or Guardian signature required)