PATIENT HEALTH HISTORY

Name	Age	Date
	Dentist Primary Care Physician	
Have you ever had an adverse ☐ Local Anesthetics/Novocaine ☐ Aspirin/Ibuprofen (Advil/Motr	☐ Codeine	☐ Antibiotic
	r, Plavix, Aspirin, etc.) t recent INR	Aspirin, Vitamins, Antacids, Herbals, Hormones, Caffeine) Reason for taking
MEDICAL CONDITIONS: (Check all 1	:hat apply)	
☐ Blood Disorder	☐ Prosthetic Heart Val	ve
☐ Hepatitis	☐ HIV/AIDS	☐ Tuberculosis
☐ Cancer	☐ Sleep Apnea	☐ Stroke
☐ Chemotherapy/Radiation	☐ Steroid Use	☐ Cold Sores/Fever Blisters
☐ Kidney Disorder	☐ Artificial Joint	☐ Chemical Dependency
☐ Breathing/COPD	☐ Thyroid Disease	☐ Anxiety/Panic Disorder
☐ Epilepsy/Seizures	☐ Vertigo/Dizziness	☐ Psychiatric Therapy
☐ High Blood Pressure	☐ Asthma (If yes, whe	re do you keep your inhaler)
Tobacco User Yes No Tobacco and Marijuana users are m Gum disease itself has recently been	ore likely to develop gum dise is linked with an increased risk is vitally important for you to	ease. It can be more severe and difficult to eradicate. It for heart disease. Tobacco users are already at an amaintain the highest quality of oral health care.
		For how long:
	you quit?	
Diabetes 🗆 Yes 🗆 No		
	sugars. Elimination of gum d	onfirming that when left untreated, gum disease makes it lisease can improve your blood sugars; reducing your risk etc.)
Date of last A1c:	What was your score:	Diabetes Doctor:

Family History of Gum Disease		
Some are genetically prone to developing gum disease even if they take good care of their oral health.		
Do you have a family history of gum disease? Please circle one: Yes No I don't know		
Stress		
Stress is a well-known risk factor for gum disease.		
What is your stress level? Please circle one: Low Medium High		
Life altering events (e.g. loss of job, divorce, death in family, moving to new location, etc.) can be particularly strong factors for gum disease. Are you currently going through a life altering event? Please circle one: Yes No		
Rheumatoid Arthritis		
There is a bi-directional connection between rheumatoid arthritis and gum disease. Emerging research suggests that eliminating gum disease and keeping it at bay can lessen the crippling effects of arthritis.		
Have you ever been diagnosed with Rheumatoid Arthritis? Please circle one: Yes No		
Weight		
Being overweight is now recognized as a strong risk factor for gum disease. Obesity and gum disease are both		
risk factors for heart disease and diabetes. Thus, if you are over ideal weight it is even more important for you to		
eliminate gum inflammation, and have a well-managed care routine with your dentist.		
Vitamin D		
Studies show links between low Vitamin D and periodontal disease. This hormone is essential for your body to		
absorb calcium and promote bone growth. The best way to get Vitamin D is by exposing your skin to sunlight.		
Many people in the Northwest are deficient due to our lack of sunlight. Please have your blood levels checked and consider supplementation.		
Sleep		
Sleep is your bodies' chance to repair damage and heal. Sleep deprivation and sleep apnea both have		
associations with increased periodontal disease. Please let us know if you would like a complimentary at-home		
sleep test. We perform a non-surgical laser procedure called Nightlase that decreases snoring and apnea.		
Check all that apply to you: ☐ Sleep deprivation ☐ Snoring ☐ Excessive daytime sleepiness		
Please check all that apply:		
☐ Heart Disease/risk factors for heart disease (family history, overweight, high blood pressure, high triglycerides)		
☐ Spouse with gum disease (gum disease can be transmissible)		
☐ Taking Dilantin, Ca + Channel Blockers, or Immunosuppressant's		
☐ Previous bouts of gum disease		
What is your level of anxiety/stress/fear when going to the dentist? ☐ None ☐ Mild ☐ Mod ☐ Severe		
<u>Females</u> Are you: Pregnant Nursing Taking birth control Post-menopausal?		
Do you have Osteoporosis? ☐ Yes ☐ No		
Have you ever taken Fosamax, Fosamax Plus D, Actonel, Boniva, Didronel, Skelid, Aredia, Bonefors, or Zometa for		
osteoporosis or for any other reason? \(\subseteq \text{Yes} \subseteq \text{No} \)		
Patient Signature: Date:		