

Confidential Medical History

Current
Medical Condition **Never** **Past**
Recreational drugs

Current
Medical Condition **Never** **Past**
HIV/AIDS

Surgical Operations

- Appendectomy
- Back
- Ear
- Gallbladder

- Heart
- Hernia repair
- Lung
- Nasal

- Thyroid
- Tonsillectomy
- Uvulectomy
- Periodontal

Other

Family History

Has any member of your family (parent, sibling, or grandparent) had:

- Cancer
- Heart disease
- Diabetes
- High blood pressure

- Stroke
- Sleep disorder
- Obesity
- Thyroid

- Father snores
- Mother snores
- Father has sleep apnea
- Mother has sleep apnea

Social History

Patient's Occupation

Tobacco Use: Cigarettes Never Smoked

Current smoker

of packs per day

of years

Other tobacco: Pipe Cigar Snuff Chew

Quit

When did you quit?

Alcohol Use: Do you drink alcohol? Yes No If yes, # of drinks per week:

Caffeine Intake: Yes No If yes, # of cups per day:

Do You Exercise On A Regular Basis: Yes No

Patient Signature

I authorize the release of a full report of examination findings, diagnosis, treatment program etc., to any referring or treating dentist or physician. I additionally authorize the release of any medical information to insurance companies or for legal documentation to process claims. I understand that I am responsible for all charges for treatment to me regardless of insurance coverage.

Patient Signature:

Date:

I certify that I have reviewed all information on these forms and verified they are complete and accurate.

Patient Signature:

Date: