

Please check all that apply. If nothing applies circle N/A.

1 N/A	I am under stress. Examples: Recent loss of a loved one. Going through a divorce. Diagnosed with a terminal illness.
	I have had a bad experience in a dental office.
	I am currently receiving psychiatric care.
	I have a history of drugs or alcohol.

2	Physician's Name	Phone #

3 N/A	Have you ever had any of the following:	
	<input type="checkbox"/> Asthma - must always bring inhaler	<input type="checkbox"/> Epilepsy/Seizures
	<input type="checkbox"/> Fainting	<input type="checkbox"/> Chemical Dependency
	<input type="checkbox"/> Blood Transfusion	<input type="checkbox"/> Kidney Disease
	<input type="checkbox"/> (Today) Chicken Pox/Shingles	<input type="checkbox"/> Liver Disease
	<input type="checkbox"/> Venereal Disease	<input type="checkbox"/> Hepatitis Type » ___
	<input type="checkbox"/> HIV or AIDS	<input type="checkbox"/> Herpes/Herpes Keratitis
	<input type="checkbox"/> Hemophilia »	<input type="checkbox"/> Ulcerative Colitis/Crohns
	<input type="checkbox"/> TB - Tuberculosis	<input type="checkbox"/> Stomach/Peptic/GI Ulcers
	<input type="checkbox"/> Acute Glaucoma	<input type="checkbox"/> Diabetes
	<input type="checkbox"/> Infection »	<input type="checkbox"/> Immunocompromised

4 N/A	I have undergone Radiation treatment and/or Chemotherapy.
	I have Cancer. »
	I am Pregnant. How many Months? »

5 N/A	One of my parents is/was edentulous (wore dentures).
	Both of my parents are/were edentulous.
	I have diabetes and carefully control blood sugar with diet and medicine.
	I never floss.
	I do not use a mouthwash such as Listerine or CloSYS II.
	I brush my teeth one time a day or less often.
	I have diabetes and manage it with diet alone.
	I smoke cigarettes or chew tobacco daily.
	My previous dentist told me I have periodontal disease.
I have received periodontal treatments and surgery.	

6 N/A	I bleed excessively, clot slowly, or bruise easily.
	I am on Aspirin Therapy.
	I bled abnormally following a surgery or extraction once.
	I have a blood disorder. »
	I have Sickle Cell Anemia.
	I have had a stroke.
I am taking blood thinners. »	

7 N/A	I get sores/ulcers in my mouth often.
	I notice numbness or tingling in my oral/facial region.
	I notice lumps in my neck/facial regions.
	I was diagnosed with HPV/human papilloma virus.
	I am in cancer remission.
I smoke a pipe/cigarettes/chew tobacco/chew beetle nuts or have within the last 5 years.	
I have a sore/ulcer in my mouth that has festered for more than two weeks.	

8 N/A	I catch myself grinding my teeth often.
	My Jaw clicks and pops often.
	I have trouble opening my mouth all the way.
	Sometimes when I open my mouth all the way, I have difficulty closing afterwards.
	I have pain around my ears or in my jaws
I am taking ADHD Rx (Adderall, Vyvanse, Ritalin, etc)	

9 N/A	My previous dentist always gave me antibiotics before cleanings.
	I have artificial joints and/or heart valves.
	I had Rheumatic/Scarlet fever or Kawasaki disease, and my heart valves might be/are damaged consequently.
	I have an active heart murmur (not an innocent heart murmur).
I have mitral valve prolapse, and I may have/have valvular regurgitation subsequently.	

10 N/A	I have had a heart attack/Myocardial Infarction/MI.
	I have a Pacemaker.
	I have seen a Cardiologist.
	My doctor told me that I have (check all that apply) Cardiac arrhythmias: <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> High blood pressure <input type="checkbox"/> Hypertension
	I take prescription heart or blood pressure medications.
	Sometimes, I feel pain radiating from my back/neck down my arms.
	I take Beta Blockers or a drug called Inderal .
	A doctor diagnosed me with Hyperthyroidism .
	A doctor diagnosed me with Hypothyroidism .

11	Cardiologist's Name	Phone #

