BEAUFORT CENTER FOR DENTISTRY

1264 Ribaut Road, Ste. 401, Beaufort, SC 29902
(843) 524-7950

Although dental personnel primarily treat the area in and around your mouth, your oral health and overall health are connected. Health problems that you may have, or medication that you may be taking, could have an impact on our approach to your dental treatment. Thank you for answering the following questions as completely and accurately as possible.

Medical History

Prefix:____ First Name:_____ Middle Name:_____ Last Name_____ Suffix: ___
Emergency Contact Name: _____Phone:_____
Preferred Pharmacy:_____ Pharmacy Number: _____

Are you under a physician's care now? ☐ Yes ☐ No
If yes, please include:
Physician's Name: _____
Physician's Phone Number:_____
Date of Last Physical:_____
Have you ever been hospitalized or had a major operation? ☐ Yes ☐ No
If yes, please explain:_____
Have you ever had a serious head or neck injury? ☐ Yes ☐ No
If yes, please explain:_____
Are you taking any medication, pills, or prescription drugs? ☐ Yes ☐ No
If yes, please include:_____
Frequency:_____
Have you ever reacted adversely to any medications or injections? ☐ Yes ☐ No
Are you on a special diet? ☐ Yes ☐ No
Do you use tobacco? ☐ Yes ☐ No
If yes, ☐ smoking ☐ smokeless
Do you use controlled substances? ☐ Yes ☐ No

Women: Are you ☐ Pregnant or Trying to get pregnant? ☐ Nursing? ☐ Taking oral contraceptives?
Are you allergic to any of the following? ☐ Aspirin ☐ Penicillin ☐ Codeine ☐ Sulfa ☐ Acrylic ☐ Metal ☐ Latex
☐ Oxycodone ☐ Local Anesthetics ☐ Other (Please specify)_____

Do you have, or have you ever had, any of the following?

☐ AIDS/HIV Positive	☐ Chest Pains	☐ Frequent Headaches	☐ Irregular Heartbeat
☐ Scarlet Fever	☐ Alzheimer's Disease	☐ Cold Sores/Fever Blisters	☐ Genital Herpes
☐ Kidney Problems	☐ Shingles	☐ Anaphylaxis	☐ Congenital Heart Disorder
☐ Glaucoma	☐ Leukemia	☐ Sickle Cell Disease	☐ Anemia
☐ Convulsions	☐ Hay Fever	☐ Liver Disease	☐ Sinus Trouble
☐ Angina	☐ Cortisone Medicine	☐ Heart Attack/Failure	☐ Low Blood Pressure
☐ Spina Bifida	☐ Arthritis/Gout	☐ Diabetes	☐ Heart Murmur*
☐ Lung Disease	☐ Intestinal Disease	☐ Artificial Heart Valve*	☐ Drug Addiction
☐ Heart Pace Maker*	☐ Mitral Valve Prolapse*	☐ Stroke	☐ Artificial Joint*

☐ Easily Winded	☐ Heart Trouble/Disease	☐ Pain in Jaw Joints	☐ Swelling of Limbs
☐ Asthma	☐ Emphysema	☐ Hemophilia	☐ Parathyroid Disease
☐ Thyroid Disease	☐ Blood Disease	☐ Epilepsy or Seizures	☐ Hepatitis A
☐ Psychiatric Care	☐ Tonsillitis	☐ Blood Transfusion	☐ Excessive Bleeding
☐ Hepatitis B or C	☐ Radiation Treatments	☐ Tuberculosis	☐ Breathing Problems
☐ Excessive Thirst	☐ Herpes	☐ Recent Weight Loss	☐ Tumors or Growths
☐ Bruise Easily	☐ Fainting Spells/Dizziness	☐ High Blood Pressure	☐ Renal Dialysis
☐ Ulcers	☐ Cancer	☐ Frequent Cough	☐ Hives or Rash
☐ Rheumatic Fever*	☐ Venereal Disease	☐ Chemotherapy	☐ Frequent Diarrhea
☐ Hypoglycemia	☐ Rheumatism	☐ Yellow Jaundice	

Dental History

Please check any of the following that apply to you.

☐ Sensitivity (hot, cold, sweets, pressure)
☐ Tooth pain or discomfort when chewing
☐ Headaches, earaches, neck pain
☐ Grinding or clenching teeth
☐ Bleeding, swollen or irritated gums
☐ Loose, chipped or shifting teeth
☐ Teeth or fillings breaking
☐ Bad breath or bad taste in your mouth

Are you interested in having whiter teeth?
☐ Yes ☐ No ☐ I'd like to learn more!

If you could improve/enhance your smile, what would you be most interested in?
☐ Make my smile brighter
☐ Straighten my teeth
☐ Close spaces/gaps in my teeth
☐ Replace old fillings with "tooth colored" fillings
☐ Repair chipped teeth
☐ Replace missing teeth
☐ I would like a total smile makeover!

To the best of my knowledge, the questions answered on this form are complete and correct. I understand that it is my responsibility to inform the dental office of any changes in my medical status, or my minor's medical status. I understand that providing inaccurate or misleading information could be dangerous to my health.

Patient or Guardian Printed Name *Date*

Patient or Guardian Signature *Relationship to Patient*