MEDICAL / DENTAL INFORMATION

Gilbreth endodontics

Dental Information

	Yes	No
Are your teeth sensitive to cold, hot or pressure?	☐	☐
Have you had any periodontal (gum) or orthodontic (braces) treatments?	☐	☐
Have you ever had a serious injury to your head or mouth?	☐	☐
Do you have anxiety when visiting the dentist?	☐	☐

Do you have any particular concerns you would like your dentist to know about?

Medical Information

Are you now under the care of a physician?
Physician Name: Phone:

	Yes	No
Are you taking either of the medications alendronate (Fosamax) or risedronate (Actonel)?	☐	☐
Have you had an orthopedic total joint replacement?	☐	☐
Has there been any change in your general health in the last year?	☐	☐
If yes, what condition is being treated? _____		
Have you had a serious illness or been hospitalized in the last 5 years?	☐	☐

Current Medications

Please list your current medications:

Allergies - please mark or list in box below

	Yes	No
Local anesthetics	☐	☐
Penicillin or other antibiotics	☐	☐
Codeine or other narcotics	☐	☐
Latex	☐	☐
Barbiturates, sedatives, or sleeping pills	☐	☐

Medical Conditions

	Yes	No
Artificial heart valve / previous infective endocarditis / damaged valves in transplanted heart	☐	☐
Heart attack	☐	☐
High blood pressure	☐	☐
Pacemaker	☐	☐
AIDS or HIV infection	☐	☐
Cancer/Chemotherapy/Radiation treatment	☐	☐
Chronic pain	☐	☐
Diabetes Type I or II	☐	☐
Stroke	☐	☐
Hepatitis	☐	☐
Mental health disorders: If yes, specify:	☐	☐
Pregnant / Breastfeeding	☐	☐

Other conditions not listed:

I certify I have read and understand that the information given on this form is accurate.

Signature of Patient/Legal Guardian:	Date: