



"...Relax and Treat Yourself to the Dentistry You Deserve"

Medical

Today's Date: _____ Name: _____
Physician Name: _____ Physician Phone: _____
Date of last physical exam: _____ Are you currently under the care of a physician? Yes / No
If "Yes", please explain: _____
For what have you been hospitalized in the past? _____
Are you currently pregnant, trying to become pregnant, or nursing? Yes / No

Current AND Past Health Conditions - Circle ALL that apply:

- Heart Failure, Heart Disease or Attach, Chest Pain, High Blood Pressure, Heart Murmur, Mitral Valve Prolapse, Rheumatic Fever, Heart Defects, Scarlet Fever, Artificial Heart Valve, Heart Pacemaker, Heart Surgery, Artificial Joints, Artificial Prosthesis, Anemia, Stroke, Kidney Trouble/Disease, Hepatitis, Liver Disease, Yellow Jaundice, Blood Transfusion, Drug Addiction, Alcoholism, Hemophilia, Fever Blisters, Epilepsy or Seizures, Fainting / Dizzy Spells, Nervousness, Clinical Depression, Psychiatric Treatment, Sickle Cell Disease, Glaucoma, Chemotherapy, Cancer / Leukemia, Venereal Disease, Bruise Easily, Emphysema, Asthma, Hay Fever, Sinus Trouble, Allergies / Hives, Diabetes, Thyroid Disease, Arthritis, Cortisone Therapy, Pain in Jaw Joints, HIV Positive / AIDS, Loss of Appetite, Loss of Sleep, Smoking, Rapid Weight Loss, Rapid Weight Gain

Medications / Allergies

Circle ANY and ALL of the medications you are allergic to or that have caused reactions:

- Aspirin, Local Anesthetic (commonly called Novacaine), Valium, Nitrous Oxide, Codeine, Percodan, Penicillin, Erythromycin, Sulfa

List any other medications that have caused a bad reaction or allergy: _____
List all medications that you are currently taking: _____

Dental

Reason for seeking dental care: _____
Date of last dental exam: _____ last "cleaning": _____ last x-rays: _____

Circle ALL that apply:

- Fear / Hate dental treatment, Bad breath / halitosis, Gums bleed easily or are tender, Sensitive teeth, Cold sores / Fever blisters, Food sticks or gets caught, Sore / Tired Jaws, Grind / Clench teeth, Jaw pops or clicks, Use teeth as "tools", Dislike the look of my smile, Want a nicer looking smile!

Consent

I acknowledge that all of the above information is accurate to the best of my knowledge. I hereby authorize G dental studio and/or their trained staff to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate to make a thorough diagnosis of my dental needs. I also authorize G dental studio and/or their trained staff to perform any and all forms of treatment, medication and therapy that may be indicated. I also understand the use of anesthetic agents will be used when indicated and that this embodies a certain risk

Signature of Patient / Parent or Guardian

Date