



Mission Dental Implant Center

AL MANESH, D.M.D., INC., PERIODONTIST

26800 CROWN VALLEY PKWY., STE. 425, MISSION VIEJO, CALIFORNIA 92691
(866) 972-2121 TOLL FREE • (949) 364-2935 OFFICE • (949) 364-2870 FAX

Reason for This Visit \_\_\_\_\_

MEDICAL AND DENTAL HISTORY

Date of last complete physical \_\_\_\_\_

Date of last Dental Cleaning \_\_\_\_\_

Table with 2 columns: Yes, No. Rows include: HAVE YOU EVER HAD: Hepatitis or Liver Disease, Epilepsy, convulsions or seizures, Rheumatic Fever, Kidney or Bladder Disease, Diabetes, Tuberculosis or Emphysema, Heart Trouble, Heart Murmur, High/Low Blood Pressure, Shortness of Breath or Swollen Ankles, Chest Pains, Allergies, Cancer, Chemotherapy/Radiation Therapy, Stroke, Venereal Disease, Surgery within last 5 years, Glaucoma, Contact Lenses, Arthritis or Rheumatism, Psychiatric Treatment, Thyroid Trouble, Ulcers, Sinus Problems, Asthma or Hay Fever, Anemia, Any Prosthetic Devices (Heart Valve, Hip, Other), An unfavorable reaction to a drug (Aspirin, Barbiturates, Anesthetics, Antibiotics eg Penicillin, Sulfa drugs, Demerol, Codiene, Valium), Any serious illness not listed.

HAS: A member of your family had diabetes? Who? A member of your family had heart disease, low/high blood pressure? Who?

ARE YOU: Presently under the care of a physician, Taking any medication now Or within the past year Such as: Antibiotics, Anticoagulants, Cortisone, Tranquilizers, Medication for high blood pressure, Thyroid tablets, Mood elevators eg Elavil, Aspirin, Other

Allergic to dental anesthetic, Subject to frequent urination, Often thirsty, Easily exhausted or fatigued, Subject to frequent headaches, Slow in healing, In good health now, A mouth breather, Satisfied with the appearance of your teeth, Often unhappy or depressed, Do you have prolonged bleeding after injury or tooth extraction?, Do you ever have sore or popping joints?, Do you clench your teeth day or night?

Table with 2 columns: Yes, No. Rows correspond to the 'HAS' and 'ARE YOU' sections.

HAVE YOU: Ever been told you have gum trouble, Ever had trench mouth, Ever been treated for Periodontal disease (Pyorrhea), Ever had Orthodontic treatment, Had shifting of any teeth, Had instructions on how to control plaque in your mouth, Had immediate relatives lose all their natural teeth

DO YOU: Ever have bad breath, Ever have sore teeth, Ever have gum abscesses, Have unpleasant tastes in your mouth, Have bleeding gums, Have tooth sensitivity to heat, to cold, to sweets, Have X-Rays in last year, Awaken with sore jaws, Drink coffee, Smoke - What and how much, Have fever blisters frequently, Have mouth ulcers frequently, Bruise easily, Have any fear of dental treatment, Want to keep your teeth yes, no matter how much trouble, yes, if it's not too much trouble, don't know, don't care

IF FEMALE, ARE YOU NOW: Pregnant, Taking birth control pills, Through menopause, Taking hormone medication

Table with 2 columns: Yes, No. Rows correspond to the 'HAVE YOU' and 'DO YOU' sections.

Please add anything you feel is important: \_\_\_\_\_

This is a complete review of all medical history, medical conditions and medications as of \_\_\_\_\_

Dentist's Signature \_\_\_\_\_ Patient's Signature \_\_\_\_\_