# Patient Medical Questionnaire

Brittain Dental



**First Name:**

**Last Name:** **Date of Birth:**

Are you being treated for any medical conditions at the present time or have been treated within the last year? yes ☐ not sure ☐ no ☐

If so, why?

When was your last medical check-up?

Have there been any changes in your general health in the last year? yes ☐ not sure ☐ no ☐

If yes, please explain

Are you taking any medications, non-prescription drugs or herbal supplements of any kind? yes ☐ not sure ☐ no ☐

If yes, please list

Do you have any allergies? yes ☐ not sure ☐ no ☐

If you answered yes, please list using the categories below:

Medications

Latex/Rubber Products

Other (e.g. Hayfever, Foods)

Have you ever had an uncommon or adverse reaction to any medicines or injections? yes ☐ not sure ☐ no ☐

If yes, please explain

Do you have or have you ever had asthma? yes ☐ not sure ☐ no ☐

Type of puffer

Do you have or have you ever had any heart or blood pressure problems? yes ☐ not sure ☐ no ☐

Do you have or have ever had a replacement or repair of a heart valve, an infection of the heart(i.e. infective endocarditis),a heart condition from birth or a heart transplant? yes ☐ not sure ☐ no ☐

Have you ever had hepatitis, jaundice or liver disease? yes ☐ not sure ☐ no ☐

Which type of hepatitis?

Do you have a prosthetic or an artificial joint? yes ☐ not sure ☐ no ☐

If yes, please explain

Do you have a bleeding problem or a bleeding disorder? yes ☐ not sure ☐ no ☐

If yes, please explain

Have you ever been hospitalized for any illness or operations? yes ☐ not sure ☐ no ☐

If yes, please explain

Do you have any conditions or therapies that could affect your immune system, e.g. leukemia, AIDS, HIV infection, radiotherapy, chemotherapy? yes ☐ not sure ☐ no ☐

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|---|---|---|---|
| ☐ AIDS | ☐ Digestive Disorders / Acid Reflux | ☐ Hypo/Hyperglycemia | ☐ Sexually Transmitted Infection |
| ☐ Alzheimers | ☐ Drug / Alcohol Dependency | ☐ Kidney Disease | ☐ Shortness of Breath |
| ☐ Angina | ☐ Emphysema | ☐ Lung Disease | ☐ Sleep Apnea |
| ☐ Anemia | ☐ Epilepsy or Seizures | ☐ Lupus | ☐ Steroid Therapy |
| ☐ Arthritis | ☐ Fibromyalgia | ☐ Migraine | ☐ Stomach Ulcers |
| ☐ Blood Transfusion | ☐ Head/Neck Injury | ☐ Mitral Valse Prolapse | ☐ Stroke |
| ☐ Cancer | ☐ Heart Attack | ☐ Osteoporosis Medications (e.g. Fosamax, Actonel) | ☐ Thrush |
| ☐ Chest Pain | ☐ Heart Murmur | ☐ Pacemaker | ☐ Thyroid Disorder |
| ☐ Cold Sores | ☐ High/Low Blood Pressure | ☐ Parkinsons Disease | ☐ TMJ Disorder |
| ☐ Diabetes Type 1 | ☐ HIV | ☐ Radiation/Chemotherapy | ☐ Tuberculosis |
| ☐ Diabetes Type 2 | ☐ Hodgkins Disease | ☐ Rheumatic Feser | |

Are there any conditions or disease not listed above that you have or have had? yes ☐ not sure ☐ no ☐

If yes, please list

Are there any diseases or medical problems that run in your family? yes ☐ not sure ☐ no ☐

(e.g. diabetes, cancer or heart disease)

If yes, please explain

Do you smoke or chew tobacco products? yes ☐ not sure ☐ no ☐

Are you nervous during dental treatment? yes ☐ not sure ☐ no ☐

If yes, please explain

Do you consume alcohol? How much per week?

Do you consume cannabis? How much per week?

Do you use an e-cigarette or any type of vaporizer?

Dentist Tel:

Address

The Information I have given above is true to the best of my knowledge

Patient Signature _______________ Date _______________

PHIA permits us to collect and use your personal health information. In certain circumstances, PHIA also allows us to share it with others both inside and outside our organization. We do this for purposes such as:

To provide you with health care;

To get payment for your care which could include private insurers;

To do health system planning and research;

To report as required by law;

Unless you tell us not to, we can share your personal health information with any health care provider who has, is or will be providing you with health care. Members of your health care team are only allowed access to the information they need to give you the care you need. If you tell us not to share your information with a health care provider, we will not share your information unless permitted or required by law to do so. Please tell a member of your health care team if you do not want your information shared with a health care provider.