Patient Name:

Date Created:

Date 11/07/2019

| re you under a physiciar   | is care now?   | O 16   | es 🐑 No                     | If yes  | <u> </u>  |   |  |   |   |               |
|--|--|--|-----------------------------|---|---|---|--|---|---|---------------|
| 10 10 10   | COLUMN TAKE OF AN  |  |                             |   |   |   |  |   |   |               |
| ave you ever been hosp<br>e last 5 years?  | italized or had a me   | ajor operation in 👝 Ye   | es 💮 No                     | If yes  |   |   |  |   |   |               |
| Have you ever had a serious head or neck injury?   |  | njury? © Ye  | es © No                     | If yes  |   |   |  |   |   |               |
| Have you ever been diagnosed with cancer? Please specify<br>type, date of diagnosis and current stage of treatment.  |  | Please specify   | es 💮 No                     | If yes  |   |   |  |   |   |               |
| Are you taking any prescribed medications or OTC supplements/medications? Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? Have you ever been treated with intravenous bisphosphonates for a bone condition or cancer?  |  |  | es 💮 No                     | If yes  |   |   |  |   |   |               |
|  |  |  | es 💮 No                     | If yes  |   |   |  |   |   |               |
|  |  |  | es O No                     |   |   |   |  |   |   |               |
| you use tobacco (ciga  | erettes, cigars, snuf  | f, chew, vape)? 👝 ye   | es 💮 No                     |   |   |   |  |   |   |               |
| you drink alcoholic be   | verages?   | ⊕ Ye   | es 💮 No                     |   |   |   |  |   |   |               |
| Do you use controlled substances?  |  | ⊕ Ye   | es 💮 No                     |   |   |   |  |   |   |               |
| nen: Are you   |  |  |                             |   |   |   |  |   |   |               |
|  |  |  | rsing?                      |   |   | [[m] Tak  | cing oral  | contraceptives?   |   |               |
| Trying to get pregnant?  |  |  | Taking hormone replacement? |   |   |   |  |   |   |               |
| you allergic to any of the   | e following?   |  |                             |   |   |   |  |   |   |               |
| Aspirin  |  | Penicillin   |                             |   | Codeine or other narcotic   | 5   |  | Acrylic   |   |               |
| Metals Latex (rubbe  |  |  |                             |   | Sulfa Drugs   |   |  | Local Anesthetics   |   |               |
| Metals   |  |  |                             |   |   |   |  |   |   |               |
| Barbiturates, sedative   | ergies not previous  | Hay fever/seasonal   | es 🗇 No                     | If yes  | Animals   |   |  | Food  |   |               |
| Barbiturates, sedative<br>ladine<br>you have any other all<br>ou have or have you ha<br>rtificial (prosthetic) hea   | ergies not previous<br>id, any of the follow<br>int valve?   | Hay fever/seasonal   |                             | If yes  | Animals   |   |  | Food  |   |               |
| Barbiturates, sedative<br>Todine<br>Tyou have any other alli-<br>rou have or have you ha<br>rtificial (prosthetic) hea<br>revious infective endoca   | ergies not previous<br>id, any of the follow<br>rt valve?<br>arditis?  | Hay fever/seasonal   |                             | If yes  | Animals   |   |  | Food  |   |               |
| Barbiturates, sedative<br>Todine<br>Dyou have any other alli-<br>you have or have you ha<br>rtificial (prosthetic) hea<br>revious infective endoci-<br>amaged valves in trans  | ergies not previous<br>id, any of the follow<br>rt valve?<br>arditis?<br>planted heart?  | Hay fever/seasonal   |                             | If yes  | Animals   |   |  | Food  |   |               |
| Barbiturates, sedative Todine Todine Toyou have any other allic You have or have you ha rtificial (prosthetic) hea revious infective endocus amaged valves in trans- inrepaired cyanotic CHD   | ergies not previous<br>id, any of the follow<br>rt valve?<br>arditis?<br>planted heart?<br>i?  | Hay fever/seasonal ly listed? Yes No Yes No Yes No Yes No  |                             | If yes  | Animals   |   |  | Food  |   |               |
| Barbiturates, sedative  Todine  Todine | ergies not previous  Id, any of the follow  rt valve?  arditis?  planted heart?  7  Din last 6 months  | Hay fever/seasonal ly listed?  Yes No Yes No Yes No Yes No Yes No  |                             | If yes  | Animals   |   |  | Food  |   |               |
| Barbiturates, sedative<br>l'Iodine<br>s you have any other alli-<br>rou have or have you ha<br>ritificial (prosthetic) hea<br>revious infective endoc-<br>amaged valves in trans,<br>nrepaired cyanotic CHD<br>ompletely repaired CHD<br>epaired CHD with reside   | ergies not previous  Id, any of the follow  rt valve?  arditis?  planted heart?  In last 6 months  ual defects?  | Hay fever/seasonal ly listed?  Yes No  |                             | If yes  | Animals   |   |  | Food  |   |               |
| Barbiturates, sedative  Todine  Todine | ergies not previous  Id, any of the follow  rt valve?  arditis?  planted heart?  In last 6 months  ual defects?  | Hay fever/seasonal ly listed?  Yes No Yes No Yes No Yes No Yes No  |                             | If yes  | Animals   |   |  | Food  |   |               |
| Barbiturates, sedative la  | ergies not previous d, any of the follow rt valve? arditis? planted heart? ? O in last 6 months ual defects? ad, any of the follow   | Hay fever/seasonal lily listed?  Yes No   | es 💮 No                     |   |   |   |  |   |   |               |
| Barbiturates, sedative la localization la vou have any other allicou have or have you hat tificial (prosthetic) hea evious infective endocamaged valves in transmerepaired cyanotic CHD ompletely repaired CHD epaired CHD with residuongenital Heart Disease ou have, or have you histma  | ergies not previous d, any of the follow rt valve? arditis? planted heart? ? Din last 6 months ual defects? ad, any of the follow  | Hay fever/seasonal liy listed?  Yes No   | es No                       | es 🔘 No   | Bronchitis  | © Yes   |  | Osteo p orosis  | ① Yes   |               |
| Barbiturates, sedative la lodine la you have any other alle ou have or have you hat tificial (prosthetic) hea evious infective endoctamaged valves in transprepaired cyanotic CHD ompletely repaired CHD epaired CHD with residuongenital Heart Disease ou have, or have you histhma   | ergies not previous d, any of the follow rt valve? arditis? planted heart? ? Din last 6 months ual defects? ad, any of the follow @ Yes @ No @ Yes @ No  | Hay fever/seasonal lily listed?  Yes No   | es No                       |   | Bronchitis<br>Sinus trouble   | ⊕ Yes   | ⊕ No   | Osteoporosis<br>Headaches ormigraines   | Yes   | 0             |
| Barbiturates, sedative la lodine la you have any other allicou have or have you have in tricial (prosthetic) hea evious infective endoctamaged valves in transported cyanotic CHD completely repaired CHD epaired CHD with residuongenital Heart Disease ou have, or have you hasthmanphysemauberculosis   | ergies not previous id, any of the follow rt valve? arditis? planted heart? i? Din last 6 months ual defects? ad, any of the follow Yes No Yes No  | Hay fever/seasonal ly listed? Yes No No Yes No Yes No Yes No  | es No                       | es 🔘 No   | Bronchitis<br>Sinus trouble<br>Chemotherapy   | © Yes<br>© Yes  | (i) No<br>(ii) No  | Osteo p orosis  |   | 0             |
| Barbiturates, sedative la lodine la vou have any other alli tou have or have you ha rtificial (prosthetic) hea evious infective endoci amaged valves in transin repaired cyanotic CHD completely repaired CHD with residion genital Heart Disease tou have, or have you his sthma inphysema aberculosis adiation Treatment   | ergies not previous id, any of the follow rt valve? arditis? planted heart? i? Din last 6 months ual defects?  ad, any of the follow Yes No Yes No Yes No  | Hay fever/seasonal ly listed? Yes No  | es No                       | es No   | Bronchitis<br>Sinus trouble<br>Chemotherapy<br>Cardiovascular disease   | © Yes<br>© Yes<br>© Yes   | (i) No<br>(ii) No<br>(iii) No  | Osteoporosis Headaches ormigraines Sexually transmitted   | Yes   | 0 0           |
| Barbiturates, sedative la  | ergies not previous d, any of the follow rt valve? ardits? planted heart? io in last 6 months ual defects?  4 yes No yes No yes No yes No  | Hay fever/seasonal ly listed? Yes No   | es No                       | es No   | Bronchitis<br>Sinus trouble<br>Chemotherapy<br>Cardiovascular disease<br>Chronic pain   | © Yes<br>© Yes<br>© Yes<br>© Yes  | No N   | Osteoporosis<br>Headaches ormigraines<br>Sexually transmitted<br>disease  | © Yes<br>© Yes  | 8 8 8         |
| Barbiturates, sedative la  | ergies not previous d, any of the follow rt valve? arditis? planted heart? i? Oin last 6 months ual defects? ad, any of the follow Yes No Yes No Yes No Yes No Yes No  | Hay fever/seasonal lity listed?  Yes No  | es No                       | es No<br>es No<br>es No<br>es No  | Bronchitis Sinus trouble Chemotherapy Cardiovascular disease Chronic pain Congestive heart failure  | © Yes<br>© Yes<br>© Yes<br>© Yes  | No N   | Osteoporosis Headaches ormigraines Sexually transmitted disease Chest pain upon exertion  | <ul><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li></ul> | 0000          |
| Barbiturates, sedative Jodine  you have any other allicou have or have you hat tificial (prosthetic) hea evious infective endoctanaged valves in transimaged valves in transimaged valves of the paired CHD ompletely repaired CHD ompletely repaired CHD ongenital Heart Disease out have, or have you histoman inphysema aberculosis adiation Treatment incessive Bleeding therosclerosis amaged heart valves  | ergies not previous d, any of the follow rt valve? arditis? planted heart? r? Oin last 6 months ual defects?  ad, any of the follow Yes No Yes No Yes No Yes No Yes No Yes No                                  | Hay fever/seasonal liy listed?  Yes No Area No Yes No Area | ands in Y                   | es No es No es No es No es No   | Bronchitis Sinus trouble Chemotherapy Cardiovascular disease Chronic pain Congestive heart failure Heart attack   | © Yes © Yes © Yes © Yes © Yes © Yes   | 20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>2                | Osteoporosis Headaches ormigraines Sexually transmitted disease Chest pain upon exertion Joint replacement Eating disorder G.E. reflux/persistent   | <ul><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li><li>Yes</li></ul> | 888 88        |
| Barbiturates, sedative   Jodine   you have any other allicou have or have you hat tificial (prosthetic) hea evious infective endocramaged valves in transimaged valves in transimaged cyanotic CHD completely repaired CHD with residuongenital Heart Disease ou have, or have you histhma imphysema subjections addition Treatment excessive Bleeding theoretics amaged heart valves on whood pressure  | ergies not previous d, any of the follow rt valve? arditis? planted heart? ?? Oin last 6 months ual defects?  ad, any of the follow Yes No Yes No Yes No Yes No Yes No Yes No                                  | Hay fever/seasonal ly listed?  Yes No   | ands in Y                   | es No es No es No es No es No es No                                     | Bronchitis Sinus trouble Chemotherapy Cardiovascular disease Chronic pain Congestive heart failure Heart attack High blood pressure   | © Yes                                     | No No No No No No No No  | Osteoporosis Headaches ormigraines Sexually transmitted disease Chest pain upon exertion Joint replacement Eating disorder G.E. reflux/persistent heartburn   | Yes Yes Yes Yes Yes Yes   | 8888 88       |
| Barbiturates, sedative la  | ergies not previous d, any of the follow rt valve? arditis? planted heart? ? Oin last 6 months ual defects?  ad, any of the follow Yes No                            | Hay fever/seasonal ly listed?  Yes No Are No Yes No  | ands in Y                   | es No                         | Bronchitis Sinus trouble Chemotherapy Cardiovascular disease Chronic pain Congestive heart failure Heart attack High blood pressure Abnormal bleeding   | © Yes                               | No   No   No   No   No   No   No   No  | Osteoporosis Headaches ormigraines Sexually transmitted disease Chest pain upon exertion Joint replacement Eating disorder G.E. reflux/persistent heartburn Thyroid disease   | O Yes                             | 0 0 0 0 0 0 0 |
| Barbiturates, sedative la lodine la vou have any other alli ou have or have you ha rifficial (prosthetic) hea revious infective endoci amaged valves in transinrepaired cyanotic CHD completely repaired CHD epaired CHD with residuongenital Heart Disease loou have, or have you history and the complete la logical control of the complete la logical control of the complete la logical control of the  | ergies not previous d, any of the follow rt valve? arditis? planted heart? ? Din last 6 months ual defects?  ad, any of the follow Yes No                     | Hay fever/seasonal ly listed?  Yes No | ands in Y                   | es No                         | Bronchitis Sinus trouble Chemotherapy Cardiovascular disease Chronic pain Congestive heart failure Heart attack High blood pressure Abnormal bleeding High Cholesterol                                | © Yes                               | No No No No No No No No  | Osteoporosis Headaches ormigraines Sexually transmitted disease Chest pain upon exertion Joint replacement Eating disorder G.E. reflux/persistent heartburn Thyroid disease Glaucoma                                | Yes Yes Yes Yes Yes Yes Yes Yes                                       | 00 0000 00    |
| Barbiturates, sedative la lodine la vou have any other alli tou have or have you ha rifficial (prosthetic) hea evious infective endoci amaged valves in transin repaired cyanotic CHD completely repaired CHD with residuongenital Heart Disease from have, or have you his sthma in the complete la logical la logi | ergies not previous d, any of the follow rt valve? arditis? planted heart? ? Din last 6 months ual defects?  ad, any of the follow Yes No                     | Hay fever/seasonal ly listed? Yes No Area No Yes No | ands in Y                   | es No             | Bronchitis Sinus trouble Chemotherapy Cardiovascular disease Chronic pain Congestive heart failure Heart attack High blood pressure Abnormal bleeding   | © Yes                         | No No   No No No No No No No No No No No No No | Osteoporosis Headaches ormigraines Sexually transmitted disease Chest pain upon exertion Joint replacement Eating disorder G.E. reflux/persistent heartburn Thyroid disease Glaucoma Epilepsy                       | O Yes           | 000000000     |
| Barbiturates, sedative la lodine la vou have any other alli tou have or have you have infective endoc: amaged valves in trans, inrepaired cyanotic CHD completely repaired CHD with residuongenital Heart Disease look have, or have you have the sthma laberculosis adiation Treatment excessive Bleeding thierosclerosis amaged heart valves low blood pressure accemaker nemia look little and look little laberculogical disorders level of the standard laberculosis amaged heart valves laberculogical disorders level laberculogical disorders laberculogical disorders   | ergies not previous d, any of the follow rt valve? arditis? planted heart? ? Din last 6 months ual defects?  ad, any of the follow Yes No                     | Hay fever/seasonal ly listed? Yes No How Yes No Hersistent swollen glaneck Severe or rapid weigh Excessive urination Angina Diabetes Gastrointestinal Disea Ulcers Stroke Hepatitis jaundice or disease Hemophilia   | ands in Y                   | es No | Bronchitis Sinus trouble Chemotherapy Cardiovascular disease Chronic pain Congestive heart failure Heart attack High blood pressure Abnormal bleeding High Cholesterol Fainting or seizures Arthritis | © Yes                   | No No   No No No No No No No No No No No No No | Osteoporosis Headaches ormigraines Sexually transmitted disease Chest pain upon exertion Joint replacement Eating disorder G.E. reflux/persistent heartburn Thyroid disease Glaucoma Epilepsy AIDS or HIV infection | Yes                               | 00000000000   |
| Barbiturates, sedative I Todine I you have any other allive I you have or have you ha rtificial (prosthetic) hea revious infective endoce amaged valves in trans, nrepaired cyanotic CHD ompletely repaired CHD epaired CHD with reside  | ergies not previous d, any of the follow rt valve? ardits? planted heart? io in last 6 months ual defects?  ad, any of the follow Yes No | Hay fever/seasonal ly listed?  Yes No   | ands in Y                   | es No             | Bronchitis Sinus trouble Chemotherapy Cardiovascular disease Chronic pain Congestive heart failure Heart attack High blood pressure Abnormal bleeding High Cholesterol Fainting or seizures           | C Yes | No   | Osteoporosis Headaches ormigraines Sexually transmitted disease Chest pain upon exertion Joint replacement Eating disorder G.E. reflux/persistent heartburn Thyroid disease Glaucoma Epilepsy                       | O Yes     | 000000000     |

| Dental Information  |            |              |   |
|---|------------|--------------|---|
| Are your teeth sensitive to cold, hot, sweets or pre                          | onure?     | ⊗ Yes        | © No  |
| Does food or flose catch between your teeth?                                  |            | e Yes        | © No  |
| In your mouth dry?  |            | © Yes        | ID No   |
| Have you ever had orthodontic treatment (braces)                              | ?          | C Yes        | € No  |
| Heve you had any concerns associated with previous                            | us denta   | © Yea        | en No   |
| Are you currently experiencing dental pain or disco                           | mfort?     | Yes          | © No  |
| Do you have earaches or neck pain?  |            | © Yes        | © No  |
| Do you have any clicking, popping or discomfort is                            | nthejaw    | ( Yes        | © No  |
| Do you dench or grind your teeth or been told that                            | tyou da?   | © Yes        | © No  |
| Do you have any sores or elcers in your mouth?                                |            | □ Yes        | © No  |
| Do you wear dentures or partials?   |            | © Yes        | © No  |
| Have you had any periodontal (gum) treatments?                                |            | e Yes        | © No  |
| Do you participate in active recreational activities?                         |            | ⊕ Yes        | © No  |
| Do youstruggle with daytime fatigue?  |            | C Yes        | € No  |
| Do you snore?   |            | do Yes       | © No  |
| Have you been diagnosed with sleep apnea?                                     |            | ⊕ Yes        | © No  |
| Have you been prescribed a CPAP?  |            | C Yes        | ■ No  |
| Do you use a CPAP machine as prescribed?                                      |            | ○ Yes        | © No  |
| Smile Evaluation  |            |              |   |
| Do you have concerns about the following?                                     |            |              |   |
| Missing teeth you would like replaced   | C Yes      | (III) No     |   |
| Old fillings you would like replaced  | O Yes      | (III) No     |   |
| Desire for your teeth to be whiter  | O Yes      | @ No         |   |
| Would you like to discuss options to improve the<br>appearance of your teeth? | ( Yes      | (C) No       |   |
|   | ble for an | y action the | y answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. I will not y take or do not take because of errors or omissions that I may have made in completion of this form. It is my |
| Signature of Patient, Parent or Guardiani                                     |            |              |   |
| ×   |            |              | Date:   |