



# Dental Associates of Cedar Rapids

3605 Center Point Rd. Cedar Rapids, IA 52402 | 319-363-0267

## PATIENT MEDICAL HISTORY

Patient's Name:

For Office Use Only

ID:

Address:

Today's Date:

Date of Last Visit:

Date of Med. History:

City, State, Zip:

E-mail:

Home Phone:

Cell Phone:

Work Phone:

Birth Date:

Social Security No.:

Marital Status:

Primary Dental Insurance:

Address:

Phone #:

Secondary Dental Insurance:

Address:

Phone #:

Physician Name:

Physician Phone:

Pharmacy:

Pharmacy Phone:

Sex:

If female please answer the following:

**Y N**

Are you taking Birth Control Pills?

Are you pregnant?

If Yes, # of weeks

Are you nursing?

Please answer the following:

**Y N**

Do you smoke or use tobacco?

Height:

For Office Use Only

BP

Heart Rate:

Weight:

**Y N Conditions**

- Abnormal Bleeding
- Alcohol Abuse
- Allergies
- Anemia
- Arthritis
- Asthma
- Blood Transfusion
- Bypass
- Cancer - Chemotherapy
- Chest Pains
- Colitis
- Diabetes
- Difficulty Breathing
- Drug Abuse
- Emphysema
- Epilepsy
- Fainting Spells
- Fever Blisters
- Frequent Headaches
- Glaucoma
- HIV + Aids
- Hay Fever

**Y N Conditions**

- Heart Attack
- Heart Defect/Murmur
- Heart Surgery - Stent
- Hemophilia
- Hepatitis A
- Hepatitis B
- High Blood Pressure
- Innocent/Functional Murmur
- Joint Replacement
- Kidney Problems
- Liver Disease
- Low Blood Pressure
- Lupus
- Pace Maker
- Pneumocystitis
- Previous Bacterial Endocarditis
- Psychiatric Problems
- Rheumatic Fever
- Seizures
- Shingles
- Sickle Cell Disease
- Sinus Problems

**Y N Conditions**

- Stroke
- Thyroid Problems - Hyperthyroidism
- Tuberculosis
- Ulcers
- Venereal Disease
- \_\_\_\_\_
- \_\_\_\_\_

**Y N Allergies**

- Aspirin
- Codeine
- Dental Anesthetics
- Erythromycin
- Jewelry
- Latex
- Metals
- Penicillin
- Tetracycline

**Other**

\_\_\_\_\_  
\_\_\_\_\_

**Medications:**

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|--|--|--|

**Y N Conditions**

Is there any disease, condition, or problem that you think this office should know about that is not covered above?  
If yes, please describe below . . .

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**Notes:**

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**Signature/Date** \_\_\_\_\_  
(If under 18, Parents or Guardian Signature Required)

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