			GENE		OHADT		
DATE:			HEALTH INF	FORMATION	CHART	#	
PATIENT NAME:LAST			FIR	FIRST		BIRTH DATE:	
DENTAL HISTORY							
1. Reason for Visit	/ Main Co	oncern?	Check-Up ☐ Clea	ning Toothache	Other		
2. Are there other cond	ditions of v	vhich we	should be aware?	YES D NO D If yes, p	please specify		
3. When did you last v	isit a denti	st?		4. What treatment	was performe	d?	
 Was the treatment of Did you have a clear 	completed?	?		6. When were den	tal x-rays take	n?	
7. Did you have a clea	ining? YE	S O NO		8. Have you had g	um (periodont	al) treatr	ment? YES O NO O
Have you ever had	prolonged	bleeding	after an extraction?	YES INO If yes, p	please specify:		
Have you had any p	problems w	ith past	dental treatment?	YES 🗆 NO 🖬 If yes, p	please specify:		
 Do you grind your tee YES NO If yes 	eth, clinch y s, please s	your jaws specify:	, or have symptons nea	ar your ears such as clic	king, popping,	pain or I	ocking open?
12. Have you ever been YES □ NO □ If ye	n diagnose	d or trea	ted for TMD (Temporor	mandibular Joint Dysfu	inction) somet	imes cal	led TMJ?
13. Do your gums bleed	d easily? Y	/ES C	NO 🗆	14. Do you feel you			
15. Are your teeth sensi	tive to hot	or cold?	YES D NO D	16 Would you like u	are to ath redstan	-0 VE	20 400
17. Are you happy with	your smile?	? YES 🗆	NO If no, please	explain:			
MEDICAL HISTORY							
Are you under a Doc	ctor's care	at this tin	ne? YES D NO D If v	es, please specify:	Dr	Name:	
				острисско среску.	Dr. Phone:	()	
2. Are you allergic to p	enicillin, co	deine, lo	cal anesthetics, tranqui	lizers or any other drug	s or medicine	, /-	
Are you taking any r	medications	s at this t	ime, including birth con	trol? YES \(\) NO \(\) If	ves nlease sn	ecify:	
o			moj motosnig pintir con		yes, pieuse sp	,cony	
4. (Woman) Are you pr	regnant at t	this time?	YES INO If yes	, please specify how ma	any months:		
5. Are there any other	health prot	olems of	which we should be ad	vised? Please specify:			
6. Do you have, or hav							
Please check "YES" or "N			Doctor Comments	Please check "YES" of	or "NO"	(5)	Doctor Comments
ARTIFICIAL Heart Valve	YES 🗆	NO D _		HEPATITIS	YES 🗆		1000000
AIDS/HIV+	YES 🔾			HIGH BL. PRESSURE	YES 🗆	NO D.	
ANEMIA	YES 🔾			JAUNDICE	YES 🔾	NO D.	
ANEMIA ANGINA	YES 🔾	NO D _		JAUNDICE JOINT REPLACEMENT	T YES 🔾	NO D	
ANEMIA ANGINA ARTHRITIS	YES O YES O	NO D		JAUNDICE JOINT REPLACEMEN' KIDNEY DISEASE	YES O	NO D	
ANEMIA ANGINA ARTHRITIS ASTHMA	YES CI YES CI YES CI YES CI	NO II -		JAUNDICE JOINT REPLACEMENT KIDNEY DISEASE LATEX ALLERGY	YES O YES O	NO D .	
ANEMIA ANGINA ARTHRITIS ASTHMA BLEEDING PROBLEMS	YES D YES D YES D YES D	NO		JAUNDICE JOINT REPLACEMENT KIDNEY DISEASE LATEX ALLERGY LIVER PROBLEMS	YES O YES O YES O	NO II NO III	
ANEMIA ANGINA ARTHRITIS ASTHMA BLEEDING PROBLEMS CANCER	YES D YES D YES D YES D YES D	NO NO NO NO		JAUNDICE JOINT REPLACEMENT KIDNEY DISEASE LATEX ALLERGY LIVER PROBLEMS LOW BL. PRESSURE	YES O YES O YES O YES O	NO 0 NO	
ANEMIA ANGINA ARTHRITIS ASTHMA BLEEDING PROBLEMS CANCER CHEMO/RAD THERAPY	YES D YES D YES D YES D YES D YES D	NO NO NO NO		JAUNDICE JOINT REPLACEMENT KIDNEY DISEASE LATEX ALLERGY LIVER PROBLEMS LOW BL. PRESSURE LUNG DISEASE	YES O YES O YES O YES O YES O	NO	
ANEMIA ANGINA ARTHRITIS ASTHMA BLEEDING PROBLEMS CANCER CHEMO/RAD THERAPY COSMETIC SURGERY	YES O YES O YES O YES O YES O YES O YES O	NO 0 - NO 0 - NO 0 - NO 0 - NO 0 - NO 0 -		JAUNDICE JOINT REPLACEMENT KIDNEY DISEASE LATEX ALLERGY LIVER PROBLEMS LOW BL. PRESSURE LUNG DISEASE PACEMAKER	YES O	NO	
ANEMIA ANGINA ARTHRITIS ASTHMA BLEEDING PROBLEMS CANCER CHEMO/RAD THERAPY COSMETIC SURGERY DIABETES	YES O YES O YES O YES O YES O YES O YES O YES O	NO		JAUNDICE JOINT REPLACEMEN' KIDNEY DISEASE LATEX ALLERGY LIVER PROBLEMS LOW BL. PRESSURE LUNG DISEASE PACEMAKER PHEN-FEN	YES O	NO	
ANEMIA ANGINA ARTHRITIS ASTHMA BLEEDING PROBLEMS CANCER CHEMO/RAD THERAPY COSMETIC SURGERY DIABETES DIZZY SPELLS	YES D	NO		JAUNDICE JOINT REPLACEMENT KIDNEY DISEASE LATEX ALLERGY LIVER PROBLEMS LOW BL. PRESSURE LUNG DISEASE PACEMAKER PHEN-FEN PSYCHIATRIC CARE	YES O	NO	
ANEMIA ANGINA ARTHRITIS ASTHMA BLEEDING PROBLEMS CANCER CHEMO/RAD THERAPY COSMETIC SURGERY DIABETES DIZZY SPELLS DRUG ADDICTION	YES D	NO		JAUNDICE JOINT REPLACEMENT KIDNEY DISEASE LATEX ALLERGY LIVER PROBLEMS LOW BL. PRESSURE LUNG DISEASE PACEMAKER PHEN-FEN PSYCHIATRIC CARE RHEUMATIC FEVER	YES O	NO	
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