

Ridgeview Family Dental

www.ridgeviewfd.com

222 Headtown Rd. Jonesborough, TN 37659

info@smilesdentist.com

423.753.9191

Medical History

Patient Name: _____

Last

First

MI

Please circle any of the following that apply to you.

- | | | | |
|----------------------|-----------------------|---------------------|-------------------------|
| -ADD | -ADHD | -AIDS/HIV | -Acid Reflux |
| -Alcohol/Drug Adict | -Allergies | -Allergy to Metal | -Angina |
| -Artificial Joints | -Anxiety | -Anemia | -Artificial Heart Valve |
| -Cancer | -Asthma/Emphysema | -Arthritis | -COPD |
| -Defibrillator | -Birth Control | -Autism | -Cold Sores |
| -Excessive Bleeding | -Depression | -Blood Thinner | -Dialysis |
| -Glaucoma | -Dry Mouth | -Chemo | -Epilepsy/Seizure Dis |
| -Heart Surgery | -Head Injuries | -Diabetes | -Heart Murmur |
| -High Blood Pressure | -Heart Trouble | -Gastric Bypass | -Herpes |
| -Jaundice | -High Cholesterol | -Hearing Aids | -Impaired Memory |
| -Liver Disease | -Kidney Disease | -Hepatitis A, B, C | -Lichen Planus |
| -Migraines | -Lung Disease | -Hip Replacement | -PVC |
| -Pacemaker | -Neck Injury | -Kidney Problems | -Premedicate |
| -Radiation Treatment | -Periodontal Disease | -Mental Disorders | -Rheumatic Fever |
| -Rheumatism | -Respiratory Problems | -Nervous Disorders | -Sinus Problems |
| -Skin Cancer | -STD's | -Pregnancy | -Thyroid Disease |
| -Stress | -Sleep Apnea | -Restless Leg Synd | -Ulcers |
| -Tobacco User | -Stroke | -Steroid Medication | |
| -Osteoporosis | -Tuberculosis | -Syncope | |

Has there been any medical treatment, including surgery, in the last year? If yes, please explain.

Please list below any medications you are currently taking.

Please list any allergies. _____

Do you have any medical conditions not listed on this form? _____

Do you snore or use a CPAP? If yes, please specify. _____

Signature _____