Chestnut Green
DENTAL • GROUP

Health Questionnaire

NAME: _____ D.O.B. _____ DATE OF LAST DENTAL EXAM: _____

DATE OF LAST DENTAL X-RAYS: _____

1. WHAT IS THE REASON FOR TODAY'S VISIT?

2. IF YOU CHANGE ANYTHING ABOUT YOUR SMILE, WHAT WOULD YOU CHANGE?

3. WHY DID YOU LEAVE YOUR LAST DENTAL OFFICE?

ARE YOU ALLERGIC TO OR HAVE YOU HAD REACTIONS TO:

LOCAL ANESTHETICS LIKE NOVOCAINE	☐ Y ☐ N	PENICILLIN OR OTHER ANTIBIOTICS	☐ Y ☐ N
BARBITURATES/SEDATIVES OR SLEEPING PILLS	☐ Y ☐ N	SULFA DRUGS	☐ Y ☐ N
ASPIRIN	☐ Y ☐ N	IODINE	☐ Y ☐ N
ANY METALS (E.G., NICKEL, MERCURY, ETC.)	☐ Y ☐ N	LATEX/RUBBER	☐ Y ☐ N

OTHER (PLEASE LIST) _____

DO YOU HAVE OR EVER HAD THE FOLLOWING:

RHEUMATIC FEVER	☐ Y ☐ N	HEART MURMUR	☐ Y ☐ N	SWELLING/LUMPS IN MOUTH	☐ Y ☐ N
HEART DISEASE	☐ Y ☐ N	THYROID PROBLEMS	☐ Y ☐ N	ORTHO TREATMENT	☐ Y ☐ N
HEART ATTACK	☐ Y ☐ N	GROWTHS/TUMORS	☐ Y ☐ N	BITING CHEEK/LIPS	☐ Y ☐ N
SWOLLEN ANKLES	☐ Y ☐ N	KIDNEY TROUBLE	☐ Y ☐ N	CLICKING/POPPING JAW	☐ Y ☐ N
HIGH BLOOD PRESSURE	☐ Y ☐ N	STOMACH ULCERS	☐ Y ☐ N	DIFF. OPENING/CLOSING JAW	☐ Y ☐ N
LOW BLOOD PRESSURE	☐ Y ☐ N	HEPATITIS	☐ Y ☐ N	LOOSE TEETH	☐ Y ☐ N
CHEST PAIN	☐ Y ☐ N	DIABETES	☐ Y ☐ N	SENSITIVE TO HOT	☐ Y ☐ N
SHORTNESS OF BREATH	☐ Y ☐ N	VENEREAL DISEASE	☐ Y ☐ N	SENSITIVE TO COLD	☐ Y ☐ N
AIDS	☐ Y ☐ N	ALCOHOLISM	☐ Y ☐ N	SENSITIVE TO SWEETS	☐ Y ☐ N
HIV	☐ Y ☐ N	JOINT REPLACEMENT	☐ Y ☐ N	SENSITIVE TO BITING	☐ Y ☐ N
ASTHMA/HAY FEVER	☐ Y ☐ N	DEPRESSION	☐ Y ☐ N	CLENCHING/GRINDING	☐ Y ☐ N
ALLERGY	☐ Y ☐ N	BLEEDING/SORE GUMS	☐ Y ☐ N	IF YES WHEN? _____	
MITRAL VALVE PROLAPSE	☐ Y ☐ N	BAD BREATH	☐ Y ☐ N	CHANGE IN BITE	☐ Y ☐ N
STROKE	☐ Y ☐ N	FREQUENT BLISTERS	☐ Y ☐ N		

DO YOU SMOKE? . . . . . ☐ YES ☐ NO

ARE YOU PREGNANT OR NURSING? . . . . . ☐ YES ☐ NO

ARE YOU TAKING BIRTH CONTROL PILLS? . . . . . ☐ YES ☐ NO

ARE YOU TAKING MEDICATIONS? . . . . . ☐ YES ☐ NO

IF YES PLEASE LIST _____

HAS THERE BEEN ANY CHANGE IN GENERAL HEALTH WITHIN THE PAST YEAR? . . . . . ☐ YES ☐ NO

IF SO EXPLAIN _____

PLEASE LIST YOUR MEDICAL DOCTORS NAME AND TELEPHONE NUMBER

_____

SIGNATURE _____ DATE _____