West Kauai Dental Medical History Form

Patient Name_____Date of Birth_____

Name **and** SSN of Legal Guardian if under 18 year old_____

Cell #_____Alternate Contact #_____SSN_____Marital Status_____

Mailing Address_____City_____State_____Zip _____

Emergency Contact name and # _____Employer/Occupation_____

Primary Ins Company_____	**Secondary** Ins Company _____
Member ID_____Group#_____	Member ID_____ Group#_____
Subscriber Name_____	Subscriber Name_____
Subscriber DOB_____	Subscriber DOB_____
Patient's Relationship to Subscriber: *Self Spouse Child*	Patient's Relationship to Subscriber: *Self Spouse Child*
ALLERGIES Latex **No__Yes__** Penicillin or any Antibiotics **No__Yes__** Local Anesthetics **No__ Yes__** Other Allergies:	Reason for Today's Dental Visit:_____ Sensitivity **No__Yes__** Dry Mouth **No__Yes__** Other Dental Concerns:

Yes No (Please check *all* the questions. If the Answer is **Yes**, please ***circle/explain*** in the blank.)

__ __ Heart Disease (High or Low Blood Pressure, Heart Attack, Stroke, Murmur, Heart Defect, Pacemaker)_____

__ __ Diabetes If *YES*, Please List the Most Recent *HbA1c Value*_____ *Date*_____

__ __ Kidney Disease/Dialysis_____

__ __ Orthopedic Total Joint Replacement, or Artificial Valve/ Date of Surgery_____

__ __ Bleeding Disorders/ Use of Anticoagulant or Antiplatelet Medications_____

__ __ TB, Lung Problems, Asthma, Breathing Issues_____

__ __ Epilepsy, Neurological or Cognitive Problems_____

__ __ HIV/AIDS/Hepatitis_____

__ __ Has Your Medical Doctor Recommended Antibiotics Before Dental Procedures?_____

__ __ History of Osteoporosis or Bisphosphonate Use (Fosamax/Boniva/Zometa)_____

__ __ *Currently* being Treated for Cancer? Name and Phone# of Oncologist_____

__ __ Treated for Cancer in the *Past*? _____

__ __ (*Female Only*) Pregnant or Breastfeeding_____

__ __ Other Medical Conditions Not Listed_____

Please List All Medications Currently Taking_____

I _____have received a Copy of West Kauai Dental Notice of Privacy Practices.

(Print Name)

Signature:_____**Date:**_____