Watauga Dental Center

www.wataugadental.com info@wataugadental.com
5920 Watauga Rd. • Watauga, TX 76148-3144 (817)485-9018

Medical History

Patient Name: _____ _____ ___ _____
Last First MI Preferred Name

Indicate which of the following conditions you have or have had. By checking the box it will indicate a "YES" response, leaving blank will indicate a "NO" response.

- [ ] ADD/ADHD
- [ ] AFIB
- [ ] AIDS
- [ ] Addison's Disease
- [ ] Alcohol/Drug Abuse
- [ ] Allergies-Other
- [ ] Allergy: Demerol
- [ ] Allergy: Alcohol
- [ ] Allergy: Amoxicillin
- [ ] Allergy: Aspirin
- [ ] Allergy: Augmentin
- [ ] Allergy: Azithromycin
- [ ] Allergy: Bactrum
- [ ] Allergy: Barbiturates
- [ ] Allergy: Ceclor
- [ ] Allergy: Celebrex
- [ ] Allergy: Cipro
- [ ] Allergy: Codeine
- [ ] Allergy: Compazine
- [ ] Allergy: Diflucan
- [ ] Allergy: Doxycycline
- [ ] Allergy: Effexor
- [ ] Allergy: Erythromycin
- [ ] Allergy: Esidrix
- [ ] Allergy: Humira
- [ ] Allergy: Hydrocodone
- [ ] Allergy: Indomethacin
- [ ] Allergy: Iodine
- [ ] Allergy: K-flex
- [ ] Allergy: Latex
- [ ] Allergy: Lisinopril
- [ ] Allergy: Local Anest
- [ ] Allergy: Mepivicane
- [ ] Allergy: Metronidazole
- [ ] Allergy: Morphine
- [ ] Allergy: NSAIDS
- [ ] Allergy: Omeprazole
- [ ] Allergy: Other
- [ ] Allergy: Oxycodone
- [ ] Allergy: Peanuts
- [ ] Allergy: Penicillin
- [ ] Allergy: Phenergan
- [ ] Allergy: Prednisone
- [ ] Allergy: Sedatives
- [ ] Allergy: Stannous
- [ ] Allergy: Statins
- [ ] Allergy: Sulfa
- [ ] Allergy: Valium
- [ ] Allergy: Vicodin
- [ ] Allergy: Wellbutrin
- [ ] Allergy: Zenaceph
- [ ] Allergy: Zythromax
- [ ] Allergy:Clindamycin
- [ ] Allergy:Tetracycline
- [ ] Allergy:Tramadol
- [ ] Amputation
- [ ] Anemia
- [ ] Angina
- [ ] Anxiety
- [ ] Arthritis
- [ ] Artificial Joints
- [ ] Asthma
- [ ] Autism
- [ ] Autoimmune condition
- [ ] Back Surgery
- [ ] Bell's Palsy
- [ ] Bipolar Disorder
- [ ] Blood Clots
- [ ] Blood Disease
- [ ] Brain Surgery
- [ ] COPD
- [ ] Cancer
- [ ] Celiac Disease
- [ ] Cerebral Palsy
- [ ] Chest Pains
- [ ] Chronic Sinusitis
- [ ] Crohn's Disease
- [ ] Dementia
- [ ] Dental Anxiety
- [ ] Depression
- [ ] Diabetes
- [ ] Dizziness/Fainting
- [ ] Dyslexia
- [ ] Easily Winded
- [ ] Ehlers-Danlos Syndro
- [ ] Emphysema
- [ ] Endometriosis
- [ ] Epilepsy
- [ ] Epilepsy / Convulsions
- [ ] Excessive Bleeding
- [ ] Eye Surgery
- [ ] Fainting/Seizures
- [ ] Fibromyalgia
- [ ] Fluorosis
- [ ] Frequently Tired
- [ ] GERD
- [ ] Glaucoma
- [ ] Gluten sensitivity
- [ ] Graves Disease
- [ ] HIV
- [ ] Hay Fever
- [ ] Hay Fever / Allergies
- [ ] Head Injuries
- [ ] Hearing Aid
- [ ] Heart Ablation A-Fib
- [ ] Heart Attack
- [ ] Heart Disease
- [ ] Heart Murmur
- [ ] Heart Surgery
- [ ] Heart Valve Replacement
- [ ] Hepatitis
- [ ] High Blood Pressure
- [ ] High cholesterol
- [ ] Hyper IGM Syndrome
- [ ] Hypertension
- [ ] Jaundice
- [ ] Joint Replacement
- [ ] Kidney Disease
- [ ] Kidney Stones
- [ ] Knee replacement
- [ ] Leukemia
- [ ] Lichen Planus
- [ ] Liver Disease
- [ ] Low Blood Pressure
- [ ] Low/High Blood Pressure
- [ ] Lupus
- [ ] MS
- [ ] Macular Degeneration
- [ ] Melanoma
- [ ] Mental Disorders
- [ ] Mitral Valve Prolapse
- [ ] NONE
- [ ] Nervous Disorders
- [ ] Neuromyelitis Optica
- [ ] Neuropathy
- [ ] OCD
- [ ] Osteoporosis
- [ ] PCOS
- [ ] PTSD
- [ ] Pacemaker
- [ ] Parkinson's Disease
- [ ] Pre-Med
- [ ] Pregnancy/Nursing
- [ ] PseudoTumor Cerebri
- [ ] Psoriasis
- [ ] Psoriatic Arthritis
- [ ] Pulmonary Embolism
- [ ] Pulmonary Fibrosis
- [ ] Radiation Treatment
- [ ] Recent Weight Loss
- [ ] Respiratory Problems
- [ ] Rheumatic Fever
- [ ] Rheumatism
- [ ] Rheumatoid arthritis
- [ ] SVT
- [ ] Scleroderma
- [ ] Seasonal allergies
- [ ] Sexually Transmitted Disease
- [ ] Shoulder Cup Surgery
- [ ] Sinus Problems
- [ ] Sjogren's Syndrome
- [ ] Sleep Apnea
- [ ] Smoker/Vaping
- [ ] Stent Placed
- [ ] Stomach Problems
- [ ] Stomach Troubles/Ulcers
- [ ] Stroke
- [ ] Swollen Ankles
- [ ] Thyroid
- [ ] Transmitted Disease
- [ ] Transplant
- [ ] Tuberculosis
- [ ] Tumors/Growths
- [ ] Ulcers
- [ ] Venereal Disease
- [ ] Vertigo
- [ ] Von Willebrands Disease
- [ ] x: OTHER-Please Note

Please explain/clarify any conditions or alerts selected above:

Conditions/Alerts:

Allergies not listed:

Do you take antibiotic premedication for your dental visits? If yes, please explain below: * ◯ Yes ◯ No

Pre-Med:

Name of your Physician and Phone Number: *

Preferred Pharmacy and Phone Number: *

Describe any current medical treatment, impending surgery, or other treatment that may possibly affect your dental treatment below:

Are you currently taking any medications (prescription and non-prescription) including regular doses of aspirin? If yes, please list all medications and dosages below: *

◯ Yes ◯ No

Please list any medications you are currently taking, one medication per line:

☐ * **By checking this box, I acknowledge that I have reviewed ALL questions/alerts on this questionnaire and responded accordingly. There are no other medical conditions or medications/allergies that have not been listed. I am aware that I must notify the practice of any future changes. This will serve as my electronic signature.**

THE FOLLOWING SECTION IS FOR EXISTING PATIENTS ONLY

Please review and update the following information if needed. Thank you.

Chart#: _____
FOR OFFICE USE ONLY

Patient Name: _____ _____ ___ _____
Last First MI Preferred Name

Title: _____ **Gender:** ◯ Male ◯ Female **Family Status:** ◯ Married ◯ Single ◯ Child ◯ Other
Mr/Ms/Mrs/etc

Birth Date: _____ **Prev. Visit:** _____ **Email Address:** _____

Phone: _____ _____ _____ _____ **Best time to call:** _____
Home Mobile Work Ext

Address: _____ _____
Address 1 Address 2

_____ _____ _____-____
City State Zip Code

Response Date: _____