

Princeton Endodontics

Health History

Welcome to our office! Please fill out both sides of this form carefully and completely. If you have any questions, or need assistance, our staff will be happy to help you.

Name _____ M ___ F ___ Today's Date ___ / ___ / ___
 Address _____ Age _____ Marital status _____
 City _____ State _____ Zip Code _____
 Email: _____ Cell Phone () _____
 Home Phone () _____ Work Phone () _____
 Social Security Number _____ - _____ - _____ Date of Birth ___ / ___ / ___
 Occupation/Employer _____

Dental Ins. _____ Employer _____ Group# _____
 Dental Subscriber _____ ID# _____ DOB ___ / ___ / ___

Dentist _____ Date of Last Visit _____

Whom may we thank for referring you? _____

Physician _____ Date of Last Visit _____

List any family members treated at this office. _____

This questionnaire will be used by the endodontist to help treat you safely. Please answer all questions as accurately as possible.

1. My reason for seeking treatment is: _____

2. Are you in good health? _____ If you are currently under a physician's care, please specify.

3. Do you have a history of any of the following: Please mark yes or no.

	Y	N		Y	N		Y	N
AIDS or HIV Disease			Glaucoma			Taken "Phen-Phen"		
Arthritis			Heart Disease			Prosthetic Heart Valves		
Artificial Joints			Heart Murmur			Psychiatric Treatment		
Asthma			Hepatitis			Radiation Treatment		
Bleeding Problems			High Blood Pressure			Rheumatic Fever		
Cancer			Irregular Heartbeat			Stomach Ulcers		
Diabetes			Kidney Disease			Stroke		
Emphysema			Liver Disease			Thyroid Disease		
Epilepsy			Mitral valve prolapse			Tuberculosis		

4. Do you need to pre-medicate for a medical condition 1 hour before dental visits? _____

5. Are you allergic to penicillin? _____

6. Are you allergic to Latex? _____

7. Have you ever had any unusual or allergic reaction to any anesthetic or drug? If so, please explain

8. Please list any and all medications you are taking. _____

9. Are you pregnant, nursing, or trying to become pregnant? _____

10. Is there any other information that should be known about your health or previous dental visits?

