Smileline Dental

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1805 Miccosukee Commons Drive • Tallahassee, FL 32308 (850)222-3858

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.

- ☐ Abnormal Bleeding
- ☐ Acetametaphin
- ☐ Adderall mg 10mg
- ☐ AIDS (Active)/ HIV
- ☐ Allergy - Aspirin
- ☐ Allergy - Codeine
- ☐ Allergy - Latex
- ☐ Allergy - Other
- ☐ Allergy - Penicillin
- ☐ Allergy - Sulfa
- ☐ Allergy to Local Ane
- ☐ Anemia
- ☐ Angina/Chest Pain
- ☐ Arrhythmia
- ☐ Arthritis
- ☐ Artificial Joints
- ☐ Asthma
- ☐ Augmentin
- ☐ Back Pains
- ☐ Benadryl
- ☐ Bleach
- ☐ Blood Thinners
- ☐ Bronchitis
- ☐ Cancer
- ☐ Cipro
- ☐ Circulatory Problems
- ☐ Clindamycin
- ☐ Contrast Dye
- ☐ Cough (Persistent)
- ☐ Depression/Anxiety
- ☐ Diabetes
- ☐ Drug Abuse
- ☐ Dry Mouth
- ☐ Efferxor
- ☐ Emphysema/COPD
- ☐ Epilepsy
- ☐ Epine pen
- ☐ Erythromycin
- ☐ Fainting
- ☐ Flagyl
- ☐ Glaucoma
- ☐ Hand sanitizer
- ☐ Hay Fever
- ☐ Head Injuries
- ☐ Headaches/Migraines
- ☐ Heart Attack/Surgery
- ☐ Heart Disease
- ☐ Heart Murmur
- ☐ Hemophilia
- ☐ Hepatitis
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Hepatitis C
- ☐ High Blood Pressure
- ☐ Hyoscamine
- ☐ Iodine
- ☐ Jaundice
- ☐ Jaw Pain
- ☐ Keflex
- ☐ Kidney Disease
- ☐ Kidney Transplant
- ☐ Lamictal
- ☐ Liver Disease
- ☐ Low Blood Pressure
- ☐ Lupus
- ☐ miberlas
- ☐ MVP
- ☐ Opiates
- ☐ Osteoporosis
- ☐ Other
- ☐ Pacemaker
- ☐ Payment Problem
- ☐ Peroxide
- ☐ Pre-Med
- ☐ Protonix
- ☐ Psychological Disord
- ☐ Radiation Treatment
- ☐ Respiratory Problems
- ☐ Rheumatic Fever
- ☐ Rheumatic Fever
- ☐ Robinul Fore
- ☐ Scarlett Fever
- ☐ Seasonal Allergies
- ☐ Shortness of Breath
- ☐ Sinus Problems
- ☐ Skin rashes
- ☐ Stent
- ☐ Stomach Problems
- ☐ Stroke/Aneurysm
- ☐ Stroke/Aneurysm
- ☐ Swelling of Limbs
- ☐ Thyroid Condition
- ☐ Tuberculosis
- ☐ Tumors
- ☐ Ulcers/GERD
- ☐ Wellburtin
- ☐ Zorfran

☐ Tobacco use ☐ Recreational Drugs ☐ Vape

☐ Pregnent ☐ Nursing ☐ Birth Control

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:

Are you currently taking any Bisphosphonates? * ◯ Yes ◯ No

If yes, please list medications

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:** Mr/Ms/Mrs/etc ◯ Male ◯ Female

Family Status: ◯ Married ◯ Single ◯ Child ◯ Other

Birth Date:

Prev. Visit:

Email Address:

Phone:

Home Mobile Work Ext

Best time to call:

Address:

Address 1

Address 2

City State Zip Code

Response Date: