

University Dental Health Services, Inc.

Dental and Medical History

UPMC Montefiore Hospital Suite 202 South 3459 Fifth Ave Pittsburgh, PA 15213 412-648-6730 Fax: 412-648-6505

Main Office Suite 3189 Salk Hall 3501 Terrace Street Pittsburgh, PA 15261 412-648-9100 Fax: 412-383-9829 Oral Surgery Suite G32 412-648-8604 Fax: 412-648-3600

Patient Name:	Date:	
Primary reason for this dental appointment: Examination Emergency	Consultation	
Dental History (please check yes or no)		
Do you have a specific dental problem? Describe:		□ No
Do you have dental examinations on a routine basis? Date of Last Visit:	□ Yes	□ No
Do you think you have active decay or gum disease? Discuss:		□ No
Do you brush and floss on a routine basis? Discuss:	□ Yes	□ No
Do your gums ever bleed? Discuss:	□ Yes	□ No
Do you like your smile? Why?	□ Yes	□ No
Does food catch between your teeth?	□ Yes	□ No
Do you have any loose teeth?		
Do you want to keep your remaining teeth? Discuss:	□ Yes	□ No
Do you ever have clicking, popping or discomfort in the jaw joint? Discuss:	□ Yes	□ No
Do you brux or grind? Discuss:	□ Yes	□ No
Have your past experiences in a dental office always been positive? Discuss:	□ Yes	□ No
Do you smoke or chew? Do you have any sores in your mouth? Discuss:	□ Yes	□ No
Name of previous dentist (optional)		
Date of last full mouth x-rays (16 small films or panoramic):		
Date of last bitewing x-rays (looks for cavities between teeth):		



University Dental Health Services, Inc.

Dental and Medical History

UPMC Montefiore Hospital Suite 202 South 3459 Fifth Ave Pittsburgh, PA 15213 412-648-6730 Fax: 412-648-6505 Main Office Suite 3189 Salk Hall 3501 Terrace Street Pittsburgh, PA 15261 412-648-9100 Fax: 412-383-9829 Oral Surgery Suite G32 412-648-8604 Fax: 412-648-3600

Patient Name:	Medical History (p	lease ch	eck yes or no)				
Home Phone:	Patient Name:						
Birthdate:							
Are you under a physician's care now? Phone? Phone? Why? Who? Phone? Phone? Have you ever been hospitalized or had a major operation? IVes IVes Discuss IVes IVes IVes Are you taking any medications, pills, or drugs? IVes IVes IVes Mat? IVes IVes IVes IVes Do you use tobacco products? IVes IVes IVes IVes How Often? IVes							
Why?				Gender:			
Have you ever been hospitalized or had a major operation? □ Yes Discuss	Are you under a physic Why?	ian's car Who	e now? ?	_ Phone?		□ Yes	□ No
Are you taking any medications, pills, or drugs? <pre></pre>	Have you ever been hospitalized or had a major operation?				□ Yes	□ No	
Are you on a special diet? \[\] Yes \[\] Do you use tobacco products? \[\] How Often? \[\] How Often? \[\] Yes \[Yes/No \[Are you taking any medications, pills, or drugs?					□ Yes	□ No
Do you use tobacco products? <pre></pre>	Are you on a special diet?				_ □ Yes	□ No	
Do you drink alcohol	Do you use tobacco products?					_ □ Yes	□ No
Are you allergic to any medications or substances?	Do you drink alcohol				_ □ Yes	□ No	
Aspirin Penicillin Codeine Acrylic Metal Latex Rubber Other	Are you allergic to any	medicati				□ Yes	□ No
Other				vlio -	Motal II Latay Dubba	r	
Women (please check all that apply) Image: Taking oral contraceptives Image: Taking oral contraceptives Image: Taking oral contraceptives Do you now have or have you ever had any of the following? (please check appropriate boxes) Yes/No Yes/No Yes/No Heart Trouble/Disease Bloody Sputum Stroke Heart Murmur Fainting or Dizziness Glaucoma Angina/Chest Pain Psychiatric Care Emphysema Heart Attack Nervousness Tuberculosis Congenital Heart Disorder Bruise or Bleed Easily X-Ray Treatment (Radiation) Mitral Valve Prolapse Anemia Chemotherapy Rheumatic Fever Sickle Cell Disease Stomach/Intestinal Disease Artificial Heart Valve Hemophilia (Bleeding Problems) Recent Weight Loss/Gain Heart Pace Maker Leukemia Stomach Ulcers Encent Weight Loss/Gain Liver Disease Swelling of Limbs Hypoglycemia Encent Weight Loss/Gain Liver Disease Swelling of Limbs Hypoglycemia Encent Blood Transfusion Diabetes Low Blood Pressure Recent Blood Transfusion Diabetes Encent Weight Loss/ Gain Encent Weight Loss/ Gai				•		; [
Pregnant/trying to get pregnant Nursing Taking oral contraceptives Do you now have or have you ever had any of the following? (please check appropriate boxes) Yes/No Yes/No Yes Heart Trouble/Disease Bloody Sputum Stroke Yes Heart Murmur Fainting or Dizziness Glaucoma Glaucoma Angina/Chest Pain Psychiatric Care Emphysema Emphysema Heart Attack Nervousness Tuberculosis Common therapy Congenital Heart Disorder Bruise or Bleed Easily X-Ray Treatment (Radiation) Mitral Valve Prolapse Antificial Heart Valve Hemophilia (Bleeding Problems) Recent Weight Loss/Gain Mitral Valve Prolapse Artificial Heart Valve Hemophilia (Bleeding Problems) Recent Weight Loss/Gain Mitral Valve Prosure Heart Pace Maker Leukemia Stomach Ulcers Glaucoma Glaucoma Coronary Stent Mouth Ulcers Frequent Diarrhea Glaucoma Glaucoma Low Blood Pressure Recent Blood Transfusion Diabetes Glaucoma Glaucoma Low Blood Pressure Shortness of Breath Drug Addiction Glaucoma Glaucoma Ver Disea	Uther						
Heart Trouble/Disease Bloody Sputum Stroke Heart Murmur Fainting or Dizziness Glaucoma Angina/Chest Pain Psychiatric Care Emphysema Heart Attack Nervousness Tuberculosis Congenital Heart Disorder Bruise or Bleed Easily X-Ray Treatment (Radiation) Mitral Valve Prolapse Anemia Chemotherapy Rheumatic Fever Sickle Cell Disease Stomach/Intestinal Disease Artificial Heart Valve Hemophilia (Bleeding Problems) Recent Weight Loss/Gain Heart Pace Maker Leukemia Stomach Ulcers Coronary Stent Mouth Ulcers Frequent Diarrhea High Blood Pressure Swelling of Limbs Hypoglycemia Alcoholism Breathing Problem Sinus Trouble Liver Disease Shortness of Breath Drug Addiction Yellow Jaundice Asthma Allergies (Pollen/Dust) Herges (Pollen/Dust) Hives or Rash Kidney Problems Frequent Disters/Herpes Frequent Disters/Herpes	Pregnant/tryi	ing to get	pregnant DNu	owing? (plea			
Heart Murmur Eainting or Dizziness Glaucoma Angina/Chest Pain Psychiatric Care Emphysema Heart Attack Nervousness Tuberculosis Congenital Heart Disorder Bruise or Bleed Easily X-Ray Treatment (Radiation) Mitral Valve Prolapse Anemia Chemotherapy Rheumatic Fever Sickle Cell Disease Stomach/Intestinal Disease Artificial Heart Valve Hemophilia (Bleeding Problems) Recent Weight Loss/Gain Heart Pace Maker Leukemia Stomach Ulcers Coronary Stent Mouth Ulcers Frequent Diarrhea High Blood Pressure Recent Blood Transfusion Diabetes Low Blood Pressure Swelling of Limbs Hypoglycemia Alcoholism Breathing Problem Sinus Trouble Liver Disease Shortness of Breath Drug Addiction Yellow Jaundice Frequent Cough Tumors or Growths Cold Sores Asthma Allergies (Pollen/Dust) HIV+/AIDs UN+/AIDs Immuno Compromised Fever Blisters/Herpes Fever Blisters/Herpes Hives or Rash Kidney Problems Thyroid Problems Fever Blisters/Herpes							Yes/No
Angina/Chest Pain Psychiatric Care Emphysema Heart Attack Nervousness Tuberculosis Congenital Heart Disorder Bruise or Bleed Easily X-Ray Treatment (Radiation) Mitral Valve Prolapse Anemia Chemotherapy Rheumatic Fever Sickle Cell Disease Stomach/Intestinal Disease Artificial Heart Valve Hemophilia (Bleeding Problems) Recent Weight Loss/Gain Heart Pace Maker Leukemia Stomach Ulcers Coronary Stent Mouth Ulcers Frequent Diarrhea Low Blood Pressure Recent Blood Transfusion Diabetes Low Blood Pressure Swelling of Limbs Hypoglycemia Alcoholism Breathing Problem Sinus Trouble Liver Disease Shortness of Breath Drug Addiction Yellow Jaundice Frequent Cough Tumors or Growths Cold Sores Asthma Allergies (Pollen/Dust) Hives or Rash Hives or Rash Kidney Problems Thyroid Problems Frequent Bisease							
Heart Attack Image: Nervousness Image: Tuberculosis Congenital Heart Disorder Bruise or Bleed Easily X-Ray Treatment (Radiation) Mitral Valve Prolapse Anemia Chemotherapy Rheumatic Fever Sickle Cell Disease Stomach/Intestinal Disease Artificial Heart Valve Hemophilia (Bleeding Problems) Recent Weight Loss/Gain Heart Pace Maker Leukemia Stomach Ulcers Coronary Stent Mouth Ulcers Frequent Diarrhea High Blood Pressure Recent Blood Transfusion Diabetes Low Blood Pressure Lung Disease Excessive Thirst Blood Disease Swelling of Limbs Hypoglycemia Liver Disease Shortness of Breath Drug Addiction Yellow Jaundice Frequent Cough Tumors or Growths Cold Sores Asthma Allergies (Pollen/Dust) Hives or Rash Hives or Rash Kidney Problems Thyroid Problems Fever Blisters/Herpes			-				
Congenital Heart Disorder Bruise or Bleed Easily X-Ray Treatment (Radiation) Mitral Valve Prolapse Anemia Chemotherapy Rheumatic Fever Sickle Cell Disease Stomach/Intestinal Disease Stomach/Intestinal Disease Stomach/Intestinal Disease Artificial Heart Valve Hemophilia (Bleeding Problems) Recent Weight Loss/Gain Stomach Ulcers Stomach Ulcers Coronary Stent Mouth Ulcers Frequent Diarrhea Stomach Ulcers Stomach Ulcers Low Blood Pressure Recent Blood Transfusion Diabetes Stomach Ulcers Stomach Ulcers Low Blood Pressure Swelling of Limbs Hypoglycemia Stomach Ulcers Stomach Ulcers Liver Disease Shortness of Breath Drug Addiction Stomach Ulcers Stomach Ulcers Cold Sores Asthma Allergies (Pollen/Dust) Stomach Ulcers Stomach Ulcers Hives or Rash Kidney Problems Genital Herpes Stomach Ulcers Stomach Ulcers Parathyroid Disease Arthritis/Gout Pain in Jaw Joints Stomach Ulcers	-		,				
Mitral Valve Prolapse Anemia Chemotherapy Rheumatic Fever Sickle Cell Disease Stomach/Intestinal Disease Artificial Heart Valve Hemophilia (Bleeding Problems) Recent Weight Loss/Gain Heart Pace Maker Leukemia Stomach Ulcers Coronary Stent Mouth Ulcers Frequent Diarrhea High Blood Pressure Recent Blood Transfusion Diabetes Low Blood Pressure Lung Disease Excessive Thirst Blood Disease Swelling of Limbs Hypoglycemia Liver Disease Shortness of Breath Drug Addiction Vellow Jaundice Frequent Cough Tumors or Growths Cold Sores Asthma Allergies (Pollen/Dust) Hives or Rash Kidney Problems Fever Blisters/Herpes Parathyroid Disease Arthritis/Gout Pain in Jaw Joints							
Rheumatic Fever Sickle Cell Disease Stomach/Intestinal Disease Artificial Heart Valve Hemophilia (Bleeding Problems) Recent Weight Loss/Gain Heart Pace Maker Leukemia Stomach Ulcers Coronary Stent Mouth Ulcers Frequent Diarrhea High Blood Pressure Recent Blood Transfusion Diabetes Low Blood Pressure Lung Disease Excessive Thirst Blood Disease Swelling of Limbs Hypoglycemia Liver Disease Shortness of Breath Drug Addiction Yellow Jaundice Frequent Cough Tumors or Growths HIV+/AIDs Immuno Compromised Fever Blisters/Herpes CD4 count Venereal Disease Genital Herpes Hives or Rash Arthritis/Gout Thyroid Problems Pain in Jaw Joints	•					ion)	
Artificial Heart Valve Hemophilia (Bleeding Problems) Recent Weight Loss/Gain Heart Pace Maker Leukemia Stomach Ulcers Goronary Stent Mouth Ulcers Frequent Diarrhea Diabetes Lung Disease Excessive Thirst Blood Disease Swelling of Limbs Hypoglycemia Sinus Trouble Shortness of Breath Drug Addiction Frequent Duarths Mumuno Compromised Fever Blisters/Herpes Kidney Problems Thyroid Problems Arthritis/Gout 							
Heart Pace Maker Leukemia Stomach Ulcers Frequent Diarrhea Mouth Ulcers Frequent Diarrhea Diabetes Lung Disease Excessive Thirst Swelling of Limbs Hypoglycemia Sinus Trouble Shortness of Breath Drug Addiction Frequent Diarrhea Liver Disease Shortness of Breath Drug Addiction Yellow Jaundice Frequent Cough Tumors or Growths LiV+/AIDs Immuno Compromised Fever Blisters/Herpes CD4 count							
Coronary Stent Image: Mouth Ulcers Image: Frequent Diarrhea High Blood Pressure Image: Recent Blood Transfusion Image: Diabetes Image: Diabetes Low Blood Pressure Image: Lung Disease Image: Diabetes Image: Diabetes Image: Diabetes Blood Disease Image: Diabetes Image: Diabetes Image: Diabetes Image: Diabetes Image: Diabetes Alcoholism Image: Diabetes Image: Diabetes<				·	-	1	
High Blood Pressure Recent Blood Transfusion Diabetes Lung Disease Excessive Thirst Blood Disease Swelling of Limbs Hypoglycemia Alcoholism Breathing Problem Sinus Trouble Shortness of Breath Drug Addiction Frequent Cough Tumors or Growths Allergies (<i>Pollen/Dust</i>) Immuno Compromised Fever Blisters/Herpes Venereal Disease Kidney Problems Thyroid Problems Pain in Jaw Joints 							
Low Blood Pressure Lung Disease Excessive Thirst Blood Disease Swelling of Limbs Hypoglycemia Sinus Trouble Liver Disease Shortness of Breath Drug Addiction Frequent Cough Tumors or Growths Allergies (Pollen/Dust) HIV+/AIDs Immuno Compromised Fever Blisters/Herpes Kidney Problems Thyroid Problems Parathyroid Disease 					Frequent Diarrhea		
Blood Disease Swelling of Limbs Hypoglycemia Alcoholism Breathing Problem Sinus Trouble Liver Disease Shortness of Breath Drug Addiction Yellow Jaundice Frequent Cough Tumors or Growths Cold Sores Asthma Allergies (Pollen/Dust) HIV+/AIDs Immuno Compromised Fever Blisters/Herpes CD4 count Venereal Disease Genital Herpes Hives or Rash Kidney Problems Thyroid Problems Parathyroid Disease Arthritis/Gout Pain in Jaw Joints	0						
Alcoholism Breathing Problem Sinus Trouble Liver Disease Shortness of Breath Drug Addiction Yellow Jaundice Frequent Cough Tumors or Growths Cold Sores Asthma Allergies (Pollen/Dust) HIV+/AIDs Immuno Compromised Fever Blisters/Herpes CD4 count Venereal Disease Genital Herpes Hives or Rash Kidney Problems Thyroid Problems Parathyroid Disease Arthritis/Gout Pain in Jaw Joints	Low Blood Pressure		0		Excessive Thirst		
Liver Disease Shortness of Breath Drug Addiction Yellow Jaundice Frequent Cough Tumors or Growths Cold Sores Asthma Allergies (Pollen/Dust) HIV+/AIDs Immuno Compromised Fever Blisters/Herpes CD4 count Venereal Disease Genital Herpes Hives or Rash Kidney Problems Thyroid Problems Parathyroid Disease Arthritis/Gout	Blood Disease		-		Hypoglycemia		
Yellow Jaundice Frequent Cough Tumors or Growths Cold Sores Asthma Allergies (Pollen/Dust) HIV+/AIDs Immuno Compromised Fever Blisters/Herpes Venereal Disease Genital Herpes Kidney Problems Thyroid Problems Arthritis/Gout Pain in Jaw Joints 	Alcoholism		Breathing Problem				
Cold Sores	Liver Disease		Shortness of Breath				
Cold Sores	Yellow Jaundice		Frequent Cough		0		
HIV+/AIDs Immuno Compromised Fever Blisters/Herpes CD4 count Venereal Disease Genital Herpes Hives or Rash Kidney Problems Thyroid Problems Parathyroid Disease Arthritis/Gout Pain in Jaw Joints	Cold Sores		· -		Allergies (Pollen/Dust)		
CD4 count Venereal Disease Image: Color of the color of					U (
Hives or Rash Image: Constraint of the second s							
Parathyroid Disease							
Hepatitis A (Infectious)							

Need Medication B/F Dental Appt.



University Dental Health Services, Inc.

Dental and Medical History

UPMC Montefiore Hospital Suite 202 South 3459 Fifth Ave Pittsburgh, PA 15213 412-648-6730 Fax: 412-648-6505 Main Office Suite 3189 Salk Hall 3501 Terrace Street Pittsburgh, PA 15261 412-648-9100 Fax: 412-383-9829 Oral Surgery Suite G32 412-648-8604 Fax: 412-648-3600

Medical History (please check yes or no)							
Patient N	:						
Have you Discuss _	□ Yes □ No 						
Do you w	rish to talk to the der	ntist privately at	oout any problems?		🗆 Yes 🗆 No		
			ng answers are correct. If I ha				
				Date:			
·	or Guardian)	Det	-	PD			
	•		e				
Thotory T							
Madiaa	Undataa						
Medical Updates I have read my Medical History, dated and confirm that it adequately states past and present conditions.							
Date	Exceptions	None	Patient's Signature	BP	Reviewed By		