

**Krystal Teague Dental Health History**

Are you currently being treated by a physician regularly for a serious health problem?

Yes  No

If yes, please explain and give physician's contact information: \_\_\_\_\_

\_\_\_\_\_

Please list all medications you are currently taking (prescribed or over the counter):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any known allergies to latex, medications, or milk protein (please list):

\_\_\_\_\_

Have you ever been treated for: (circle all that apply)

Blood pressure	Heart Disease	Stroke	Artificial Joint
Rheumatic Fever	Heart Murmur	Heart Valve	Pacemaker
Hepatitis	Diabetes	Depression	Tuberculosis
Immune Disease	Asthma	Bleeding/Clotting	Dry Mouth

Has a physician told you to take antibiotics before a dental cleaning? \_\_\_\_\_ If yes, why?

\_\_\_\_\_

Do you use tobacco? \_\_\_\_\_ If yes, how much per day? \_\_\_\_\_

Do you consume alcohol? \_\_\_\_\_ If yes, how much per day/week? \_\_\_\_\_

Do you currently use recreation or street drugs? Yes No

I have read and completed the above answers to the best of my knowledge. I understand Krystal Teague Dental is not responsible for any missing information I did not provide above. I take full responsibility for any medications prescribed to me from Krystal Teague Dental.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Initials \_\_\_\_\_