

MAGNA DENTAL, PC PATIENT HEALTH HISTORY

(REVISED 6-4-2020)

TODAYS DATE: _____ DATE OF BIRTH: _____ GENERAL PHYSICIAN: _____

PATIENTS NAME: _____

CURRENT MEDICATIONS: _____

CIRCLE ALL THAT ARE CURRENT OR YOU HAVE BEEN TREATED FOR IN PAST:

ADHD/ADD/AUTISM

ALLERGIES (EXPLAIN BELOW)

ANEMIA

ARTHRITIS

ARTIFICIAL HEART VALVE

ARTIFICIAL JOINTS

ASTHMA

BLOOD DISEASE

CANCER

COVID-19

DIABETES

DIZZINESS

EMPHYSEMA

EPILEPSY

EXCESSIVE BLEEDING

FAINTING

GLAUCOMA

HEAD INJURIES

HEART DISEASE

HEART MURMUR

HEPATITIS

HIGH BLOOD PRESSURE

HIV

JAUNDICE

KIDNEY DISEASE

LIVER DISEASE

LOW BLOOD PRESSURE

MENTAL DISORDERS

NERVOUS DISORDERS

OXYGEN TANK/COPD

PACEMAKER

PREGNANCY DUE DATE: _____

RADIATION/CHEMO TREATMENT

RESPIRATORY PROBLEMS

RHEUMATIC FEVER

RHEUMATISM

SEIZURES
SINUS PROBLEMS
SPECIAL NEEDS REQUEST: WALKER WHEELCHAIR PILLOW FOR NECK
STOMACH PROBLEMS
STROKE
THYROID PROBLEMS
TUBERCULOSIS
TUMORS
ULCERS/REFLUX
TEETH/JAW ISSUES (EXPLAIN BELOW)
JOINT REPLACEMENT: WHAT JOINT- _____
MIGRAINES/HEADACHES
INJURY TO NECK/SPINE
SMOKING
HEARING OR VISION ISSUES

TEETH

GRINDING/CLENCHING
PRIOR EXTRACTION ISSUES
ORTHODONTICS/BRACES
JAW CLICKING/PAIN
CLOSING/CHEWING ISSUES

ALLERGIES

DRUG ALLERGIES (EXPLAIN)
ARTIFICIAL FLAVOR/COLOR ALLERGY
TREE NUT ALLERGY/FOOD ALLERGY
LATEX ALLERGY

OTHER MEDICAL INFORMATION OR EXPLANATIONS: _____

**I CERTIFY I HAVE READ/UNDERSTAND THE ABOVE QUESTIONS AND ACCURATELY ANSWERED TO THE BEST OF MY KNOWLEDGE. PROVIDING INCORRECT INFORMATION CAN BE DANGEROUS TO MY HEALTH.* MAGNA DENTAL, PC RESERVES THE RIGHT TO DECLINE, REFUSE, CANCEL OR RESCHEDULE YOUR APPOINTMENT TO ENSURE YOUR SAFETY OR THE SAFETY OF OUR STAFF.*

EMERGENCY CONTACT NAME: _____
RELATIONSHIP: _____
PHONE NUMBER(S): _____

PATIENT SIGNATURE: _____ **DATE:** _____