Granite Dental
215 NW 78th Street
Vancouver, WA
98665 360.693.2577

Medical History

Name_____ **Best phone # to reach you**_____

Birthday_____ **Email**_____

Do you have any of the following conditions?

Heart attack in past 2 years	Y	N	Sleep apnea or Snoring (circle)	Y	N
Joint surgery in past 2 years	Y	N	Endocarditis, Rheumatic Fever, Scarlet Fever	Y	N
Osteoporosis	Y	N	Stomach/GI Ulcers	Y	N
High Blood Pressure	Y	N	Reflux or GERD	Y	N
Stroke/TIA	Y	N	Blood thinner (Coumadin, Warfarin, etc.)	Y	N
Diabetes	Y	N	Arthritis, Rheumatoid Arthritis, Lupus	Y	N
Asthma, Emphysema, COPD	Y	N	Viral infection (hepatitis, HIV/AIDS, HPV) (circle)	Y	N
Tuberculosis	Y	N	Cancer (type)	Y	N
Radiation or Chemo therapy	Y	N	Frequent headaches	Y	N
Anxiety/Fear at dental office	Y	N	Unhappy or depressed	Y	N

ALLERGIES (circle): LATEX PENICILLIN
Please any other allergies:_____

Please list all of your current medications

_____
_____
_____
_____
_____
_____

Is there anything specific for the dentist to look at?_____

Is there anything you'd like to discuss with the dentist?_____

NOTES_____
_____
_____
_____
_____
_____

Patient signature_____ **Date**_____

Doctor signature_____ **Date**_____