

The Healing Center @ Dino Bonyadi, DDS
Family and Cosmetic Dentistry

Patient Name _____ Date of Birth _____

State your reason for visiting The Healing Center today: _____

Past/Current Medical Disease History: Do you have, or did you ever have, any of the following?

Cardiovascular:

YES NO

- Angina (chest pain)
- Cardiac Arrhythmia
- Congestive Heart Failure
- Hypertension or High Blood Pressure
- Heart disease from childhood
- Heart attack (Myocardial Infarction)
- Heart Murmur
- Heart surgery
- Heart valve defect or prolapse
- Infection of heart (Endocarditis)
- Pacemaker
- Rheumatic Fever
- Extra heartbeats or palpation

Musculo-Skeletal, Bone, Joint:

YES NO

- Pinched or damaged cervical nerves
- Artificial Joints
- Slipped Vertebral Disc
- Spinal cord injury
- Ankylosing Spondylitis
- Carpal Tunnel Syndrome
- Cervicogenic Pain/Headache
- Chronic Fatigue Syndrome
- Fibromyalgia
- Myofascial Pain Disorder
- Traumatic Local Arthritis
- Osteoarthritis
- Rheumatoid Arthritis
- Systemic Lupus Erythematosus
- Gout
- Psoriasis
- Osteoporosis

Endocrine/Hematologic:

- Diabetes-Type I, II
- Hypoglycemia
- Hyperthyroid
- Hypothyroid
- Anemia
- Blood Transfusion
- Denied permission to give blood

Head, Ear, Eyes, Nose, Throat:

- Glaucoma
- Sinus Headache
- Bell's Palsy
- TMJ Disease
- Burning Mouth Syndrome
- Cataracts
- Head Trauma
- Laryngitis
- Lymphadenopathy
- Macular Degeneration
- Retinal Detachment
- Xerostomia

Respiratory:

- Asthma
- Emphysema
- Tuberculosis
- Bronchitis
- Obstructive Pulmonary Disease
- Obstructive Sleep Apnea
- Severe snoring

Oncologic/Immune/Infectious:

YES NO

- HIV infection/AIDS
- Hepatitis (A, B, C): _____
- Organ transplant
- Leukemia
- Lymphoma
- Radiation therapy
- Chemotherapy
- Cancer: _____
- Idiopathic edema
- Unusual immune suppression
- Multiple allergic reactions
- Herpes (Oral / Genital Herpes)
- Lyme disease
- Meningitis
- Osteomyelitis
- Pneumonia
- Upper respiratory infection
- Recurrent sinus infection

Neurologic/Degenerative/Developmental:

- Stroke
- Cerebral or other aneurysm
- Seizures
- Multiple Sclerosis
- Cerebral Palsy
- Mental retardation
- Dementia / Alzheimer's
- Chronic daily headache
- Cluster headaches
- Epilepsy
- Migraines
- Parkinson's Disease
- Peripheral Neuropathy
- Sciatica
- Tension-Type headache
- Transient Ischemic Attacks (TIA)
- Trigeminal Neuralgia

Psychological:

- Anxiety/Nervousness
- Depression
- Mental Health Treatment
- Phobias
- Insomnia
- Panic Disorder

Gastrointestinal:

YES NO

- Crohn's Disease
- Frequent esophagitis
- Chronic gastritis
- Gastro-esophageal Reflux (GERD)
- Irritable Bowel Syndrome
- Malabsorption Syndrome
- Ulcer

Genitourinary:

- Kidney dialysis
- Sexually transmitted disease
- Bladder or Urinary infection

Medication Allergy or Intolerance:

- Penicillin
- Dental anesthetic (i.e. "Novocain")
- Aspirin
- Codeine
- Latex products
- Iodine

Other Allergy: _____

FEMALES ONLY:

- Are you pregnant? How many months? ___
- Do you take birth control pills
- Are you breast feeding now?

History of Hospitalization/Surgery (last 3 years):

Any medical problems not yet mentioned?

Signing Below means all of the preceding answers are true. If I have any change in my health or in my medicines, I will inform my doctor at the next visit.

_____/_____
Patient signature (or parent or guardian)/Date

_____/_____
Dentist Signature (only after reviewing) / Date