



RICHARD HABER DDS
Medical/Dental History



- 1) Do you presently have or have you had pain or discomfort in the mouth, face, or jaws?
2) Do your gums bleed at any time?
3) Do you have aching or sensitive teeth?
4) Have you had food collection between your teeth?
5) Have you had serious trouble associated with any previous dental treatment?
6) Did you have gum/periodontal treatment before?
7) Date of your last dental treatment :

8) My main reason for coming in today is:

9) Have you been a patient in a hospital during the past two years?
If yes, for what reason?

10) Have you been under the care of a medical doctor during the past two years?
If yes, for what reason?

Please provide the name, address, and telephone number of your physician:

11) Did you whiten your teeth before?

12) Are you interested in having a cosmetic evaluation?
If yes, please specify what you would like to improve :

13) Are you interested in whiter teeth?

14) Are you currently taking, or have you taken within the past two years, any prescription or non-prescription drugs? If so, please list here:

Table with 3 columns: DRUG, DOSE/FREQUENCY, REASON FOR TAKING

15) Do you have any allergies (i.e., itching, rash, swelling of hands, eyes, or feet), or are you made sick by metals, jewelry, latex rubber, aspirin, penicillin, codeine, or any drugs, foods, or medications?

If yes, allergic to what?

16) Have you ever had excessive bleeding requiring special treatment?

17) When you walk upstairs or take a walk, do you ever have to stop because of chest pain?

18) Do your ankles swell during the day?

19) Do you use more than two pillows to sleep?

20) Have you lost or gained more than 10 pounds in the last year?

21) Do you wake up short of breath?

22) Are you on a special diet?

23) Women: Are you pregnant now?

Are you currently using a prescription-type contraceptive?

24) Check any of the following which you have had or have at present:

- Heart Failure, Heart Disease or Attack, Angina Pectoris (chest pain), Tuberculosis (TB), Asthma, Rheumatic Fever, Congenital Heart Lesions, Scarlet Fever, Artificial Heart Valve, Kidney Disease or Dialysis, Stomach Problems or Ulcers, Cancer, Tumor, Shortness of Breath, Emphysema, Hepatitis, Liver Disease, Yellow Jaundice, Rheumatism, Cortisone Medication, Glaucoma, Pain in Jaw Joints, AIDS or HIV antibody, Blood Transfusion, Drug Addiction, Bruise Easily, Sexually Transmitted Disease

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Patient's Name: