Town & Country Dental
N168 W20566 Main Street
Jackson, WI 53037
(262)677-2224

Medical History Form

Patient Name:* Last * First MI Preferred Name

Your Primary Care Physician's name and location: *

Physician's Phone Number:

Are you presently under a physician's care? *
Yes No

What is the nature of the current treatment?

Are you taking any prescription medication? *
Yes No

List Medications:

Do you regularly take any over-the-counter medications, vitamins, supplements or herbal treatment? *
Yes No

List all over-the-counter medications, vitamins, supplements or herbal treatments:

Are you allergic to or sensitive to any medications? *
Yes No

List medications and type of reaction:

Do you have any other allergies?

* ◯ Yes ◯ No

List allergies:

The Following conditions MAY require an antibiotic premedication prior to dental treatment. Have you had:

Cardiac:

- ☐ Open Heart Surgery
- ☐ Heart valve disease, replacement or repair
- ☐ Heart infections
- ☐ Repaired heart defect with prosthetic material/device
- ☐ Repaired CHD (cardiac heart defect) with residual defects at site
- ☐ Shunts, Stents, Conduits, unrepaired cyanotic heart disease
- ☐ Intravascular access devices: Hickman, Broviac or Uldall catheters or Central IV lines

Orthopaedic:

☐ Joint replacement ☐ Any pins or plates ☐ Joint infections

Other conditions that may require antibiotic prior to dental treatment:

- ☐ Spleen removed
- ☐ Aplastic Anemia
- ☐ Hemophilia
- ☐ Agranulocytosis
- ☐ Uncontrolled Addison's Disease
- ☐ Any Chemotherapy or radiation for Cancer
- ☐ HIV/AIDS/ARC
- ☐ Organ transplant
- ☐ Rheumatoid Arthritis
- ☐ Lupus erythematosus

Do you have any of the following Medical Conditions:

☐ Latex Allergy ☐ High Blood Pressure ☐ Low Blood Pressure

☐ Liver Problems ☐ Hepatitis ☐ Stomach Problems
☐ Asthma ☐ Tuberculosis ☐ Kidney Problems
☐ Seizure Disorders ☐ Implants ☐ Cancer

Explanation for medical conditions or premedication needs:

Have you had any surgery or other illnesses not listed?

* ○ Yes ○ No

What was surgery/illness? When?

Have you been diagnosed with Diabetes or Pre-Diabetes?

* ○ Yes ○ No

Type? Most recent blood sugar reading:

Do you presently take, or have you ever taken medications for Osteoporosis?

* ○ Currently taking ○ Did, but have discontinued ○ Never took any

The Osteoporosis medication used:

☐ Actonel ☐ Boniva ☐ Fosamax ☐ Aredia ☐ Bonefos ☐ Reclast
☐ Zometa ☐ Evista ☐ Other ☐ Used Pill ☐ Used IV

Women; are you pregnant?

○ Yes ○ No ○ Maybe

Due Date:

Do you use birth control medications?

- ○ Yes
- ○ No

Do you or have you ever used any form of tobacco?

- ☐ No
- ☐ Yes
- ☐ Yes/Quit
- ☐ Cigarettes
- ☐ Cigars
- ☐ Pipe
- ☐ Chewing tobacco

How much do you use, on average, in a day? How many years?

Response Date: