Molinare Dental Group

Molinare Dental Group
104 Ridgedale Ave.
Cedar Knolls, NJ 07927
973-993-1979
molinaredental.com

First Name:	Middle Name:	Last Name:	Date:

Have you ever had:

Check all that apply.

- ☐ Abnormal bleeding
- ☐ Allergies
- ☐ Alzheimer's disease
- ☐ Anaphylaxis
- ☐ Anemia
- ☐ Angina
- ☐ Arteriosclerosis
- ☐ Arthritis
- ☐ Artificial bones/joints
- ☐ Artificial hip/joints
- ☐ Artificial valves
- ☐ Asthma
- ☐ Birth defects
- ☐ Blood disease
- ☐ Blood transfusions
- ☐ Bruise easily
- ☐ Cancer
- ☐ Cancer/chemotherapy
- ☐ Chest pain
- ☐ Chronic fatigue syndrome
- ☐ Circulatory problems
- ☐ Cold sores
- ☐ Congenital heart defect
- ☐ Congenital heart lesion
- ☐ Convulsions
- ☐ Cortisone medicine
- ☐ Cough-persistent or bloody
- ☐ Diabetes
- ☐ Difficulty breathing
- ☐ Dizziness
- ☐ Easily winded
- ☐ Emotional problems
- ☐ Emphysema
- ☐ Endocrine problems
- ☐ Epilepsy
- ☐ Excessive thirst
- ☐ Fainting
- ☐ Fever blisters
- ☐ Frequent diarrhea
- ☐ Genital herpes
- ☐ Glaucoma
- ☐ Gout
- ☐ Hay fever
- ☐ Head or face injury
- ☐ Hearing disorders
- ☐ Heart attack/stroke
- ☐ Heart disease
- ☐ Heart murmur/trouble
- ☐ Heart surgery
- ☐ Hemophilia
- ☐ Hepatitis A, B, or C
- ☐ Herpes
- ☐ High or low blood sugar
- ☐ History of substance abuse/drug addiction
- ☐ HIV/AIDS
- ☐ Hives/skin rash
- ☐ Hospitalized for any reason
- ☐ Hypertension (high blood pressure)
- ☐ Hypoglycemia
- ☐ Hypotension (low blood pressure)
- ☐ Intestinal disorders
- ☐ Irregular heartbeat
- ☐ Kidney problems
- ☐ Leukemia
- ☐ Liver problems
- ☐ Lung disease
- ☐ Mitral valve prolapse
- ☐ Nervous disorder
- ☐ Numbness of arms or hands
- ☐ Osteoporosis
- ☐ Pacemaker
- ☐ Pain in jaw joints
- ☐ Parathyroid disease
- ☐ Pneumonia
- ☐ Psychiatric problems
- ☐ Radiation treatments
- ☐ Recent weight loss
- ☐ Renal dialysis
- ☐ Rheumatic fever
- ☐ Rheumatism
- ☐ Scarlet fever
- ☐ Seizures
- ☐ Severe/frequent headaches
- ☐ Sexually transmitted disease
- ☐ Shingles
- ☐ Shortness of breath
- ☐ Sickle cell anemia
- ☐ Sinus problems
- ☐ Sinus trouble
- ☐ Smoker
- ☐ Spina bifida
- ☐ Swelling of feet/ankles
- ☐ Swollen neck glands
- ☐ Swollen, still painful joints
- ☐ Thyroid disease
- ☐ TMD/TMJ (jaw pain)
- ☐ Tonsillitis
- ☐ Tuberculosis
- ☐ Tumor or growth on head/neck
- ☐ Ulcers/colitis
- ☐ Yellow jaundice

Have you ever had an adverse reaction or allergies to any medication or substance?

Check all that apply.

- ☐ Acrylic
- ☐ Aspirin
- ☐ Barbiturates (sleeping pills)
- ☐ Codeine
- ☐ Dental anesthetics
- ☐ Erythromycin
- ☐ Iodine
- ☐ Latex rubber
- ☐ Metals
- ☐ Nitrous oxide
- ☐ Novocaine
- ☐ Penicillin/antibiotics
- ☐ Sedatives
- ☐ Sulfa drugs
- ☐ Tetracycline
- ☐ Valium
- ☐ Xylocaine

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Are you being/have you ever been treated for cancer of any kind? If yes, please explain:

Are you currently taking or have you ever taken any bisphosphonate drugs? These include: alendronate (Fosamax), clodronate (Ostac, Bonefos), etidronate (Didronel), ibandronate (Boniva), pamidronate (Aredia), risedronate (Actonel), tiludronate (Skelid), zoledronic acid (Zometa). Yes No

Do you take or have you taken Phen-Fen or Redux? Yes No

Do you smoke or chew tobacco? Yes No

Do you use alcohol, cocaine, or other drugs? Yes No

Do you wear contact lenses? Yes No

Are you on a special diet? Yes No

Have you lost or gained more than 10 pounds in the past year? Yes No

Do you use more than two pillows to sleep? Yes No

Have you ever had any excessive bleeding requiring special treatment? Yes No

When you walk upstairs or take a walk, do you ever have to stop because of pain in your chest, shortness of breath, or feeling tired? Yes No

Have you been treated in a hospital in the last five years? Yes No

If female, please mark if you are:

Pregnant - If so, please enter your due date or week #:

Trying to get pregnant Nursing On birth control

Please list all current prescriptions:

Please list any other serious medical conditions, impending operations, or other medical/dental information that may possibly affect your dental treatment:

Do you wish to talk to the dentist privately about any problems/concerns? Yes No

All of the above information is correct to the best of my knowledge. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status. I understand that the above information is necessary to provide me with dental care in an efficient and safe manner. Should further information be needed, you have my permission to ask the respective health care provider or agency, who may release information to you.

Signature (Type your name to sign electronically, or print and sign):	Date (mm/dd/yyyy): / /

For office use:

Reviewed by: Title: Date: / /