

## Medical Questionnaire

Patient:

Doctor Name: Dr. Yaroslav Vasyutyak

Date of Birth:

Patient Signup Date:

### Medical Status

- 1 What is your medical doctor's name?
- 2 What is your medical doctor's phone number?
- 3 Date of last complete physical examination?
- 4 Are you currently under a physician's care?
- 5 Do you have frequent headaches?
- 6 Do you smoke?
- 7 Do you drink alcohol, if yes how much?
- 8 Do you do recreational drugs?

### Medications

- 9 Do you routinely take vitamins, herbal substances, or natural products?
- 10 Are you taking any medications?

### Adverse Reactions or Allergies

- 11 Are you sensitive or have adverse reactions to Latex?
- 12 Are you sensitive or have adverse reactions to any metals?
- 13 Are you allergic or have adverse reactions to Aspirin?
- 14 Are you allergic or have adverse reactions to Barbituates (sleeping pills)?
- 15 Are you allergic or have adverse reactions to codeine?
- 16 Are you sensitive or have adverse reactions to Penicillin?
- 17 Are you sensitive or have adverse reactions to Sulfa Drugs?
- 18 Are you allergic or have adverse reactions to Local Anesthetic (freezing)?
- 19 Are you allergic or have adverse reactions to Nitrous Oxide?
- 20 Are you allergic or have adverse reactions to any other drugs?

### Medical Conditions

- 21 Have you ever been treated for or told you have Arthritis?
- 22 Have you ever been treated for or told you have Asthma?
- 23 Have you ever been treated for or told you have a Blood Disorder such as Anemia or Leukemia?
- 24 Have you ever been treated for or told you have Cardiovascular Disease?
- 25 Have you ever been treated for or told you have Cancer?
- 26 Have you ever been treated for or told you have Diabetes?
- 27 Have you ever been treated for or told you have Emphysema?
- 28 Have you ever been treated for or told you have Epilepsy?

- 29 Have you ever experienced heavy bleeding?
- 30 Have you ever been treated for or told you have Glaucoma?
- 31 Have you ever been treated for or been told you have a Heart Murmur?
- 32 Have you ever been treated for or told you have Hepatitis B?
- 33 Have you ever been treated for or told you have a HIV (AIDS)?
- 34 Have you ever been treated for or told you have Hypertension?
- 35 Have you ever had any Joint Replacement?
- 36 Have you ever been treated for or told you have Liver Disease?
- 37 Have you ever been treated for or told you have a Mental Disability (by a doctor)?
- 38 Have you ever been treated for or told you have Renal Disease?
- 39 Have you ever been treated for or told you have Rheumatic Fever?
- 40 Have you ever been treated for or told you have a Thyroid Disorder?
- 41 Have you ever been treated for or told you have Tuberculosis?
- 42 Have you ever been treated for or told you have Venereal Disease?
- 43 Is there anything else we should know?

#### Additional Information

- 44 have you been diagnosed with any disease, condition or problem not listed above?
- 45 Is there anything else about your health we should be aware of?
- 46 Do you wish to speak to the doctor privately about any problem or medical condition?

Patient:

Date of Birth:

**Previous Dental Visits and Treatment**

- 1 Previous Dentist name and phone number?
- 2 Date of last complete exam?
- 3 Date of last cleaning?
- 4 Date of last x-rays?
- 5 Did you see your last dentist regularly?
- 6 How often did you see your last dentist?
- 7 Have you ever been advised to take antibiotics before dental treatment?
- 8 Have you ever experienced difficulty or heavy bleeding following extractions?
- 9 Have you ever had gum treatment or surgery?
- 10 Have you had any orthodontic treatment?
- 11 Have you ever had an unpleasant dental experience?
- 12 How can we make your dental experience more pleasant?
- 13 Is there anything else we should know?

**Today's Visit**

- 14 What brings you into the office today?
- 15 Are you in any discomfort?

**Current Conditions - General**

- 16 Are your teeth sensitive to...?
- 17 Do you feel you have bad breath?
- 18 Are any of your teeth loose or chipped?
- 19 Does food get caught between your teeth?
- 20 Do your gums bleed or hurt?
- 21 Do you have any sore spots in your mouth?
- 22 Do you have any questions or concerns?

**Dental Habits**

- 23 Do you have any missing teeth?
- 24 Have you had any teeth replaced?
- 25 Are you unhappy with any teeth replacement?
- 26 Would you like to learn more about permanent replacement?

**Current Conditions - Missing Teeth**

- 27 Do you clench or grind your teeth?
- 28 Have you ever been fitted for a night guard?
- 29 Do you have a popping or clicking in your jaw joints?
- 30 Do you have pain or soreness in your jaw joints?
- 31 Do you have frequent head, neck or shoulder aches?
- 32 Do you have difficulty opening or closing your mouth?