Sonya G. Morgan DDS, Inc. - 8/3/2020

History

Dental & Medical History

A. CHIEF COMPLAINT?			
Explain:			
B. DENTAL HISTORY			
Frequency of visits to dentist?	Date of most recent dental x-ray/exam?	Types of care received?	History of oral-facial injuries?
Difficulties with past treatment?		Adverse reactions to local anesthetics, latex gloves, rubber dam, dental material?	
C. MEDICAL HISTORY			
Drug allergies or other adverse drug effects?	Medications, vitamin, dietary supplements, or special diet?	Last time examined by physician? For what purpose?	Past and present illness? History of hospitalizations?
Weight and Height			
FOR FEMALES ONLY:			
Do you take oral contraceptives?	Are you pregnant?	Change in your menstrual pattern?	
D. FAMILY HISTORY			
Explain: (Diabetes, high blood pressure, heart disease seizures, bleeding problems, cancer, other)			
D. SOCIAL HISTORY			
Explain: (tobacco, alcohol, recreational drugs, (type amount, frequency)			

Conditions

Have you ever or do you have any of the conditions listed?

SKIN			
Itching, rash	Ulcers	Piercing, tattoos	Pigmentations
Lack of loss of body hair			
EXTREMITIES			
Varicose Veins	Swollen, painful joints	Muscle weakness, pain	Bone deformity, fractures
Prosthetic joints			
EYES			
Conjuctivitus	Blurring of vision	Double vision	Drooping of eyelid
Glaucoma			
EAR, NOSE, THROAT			
Earache	Hearing Loss	Nosebleeds	Sinusitis
Sore throat	Hoarseness		
RESPIRATORY			
Shortness of breath	Cough, blood in sputum	Bronchitis, emphysema	Wheezing, asthma
Tuberculosis, exposure to			
CARDIAC			
High blood pressure	Low blood pressure	Pain, pressure in chest	Heart attack
Rheumatic, scarlet fever	Heart murmur	Prosthetic valves / pacemaker	
GASTROINTESTINAL			
Difficulty chewing, swallowing	Eating disturbances	PUD, GERD	Jaundice, hepatitis

Liver disease			
GENITOURINARY			
Difficulty, pain on urination	Blood in urine	Excessive urination	Kidney problems
Sexually transmitted diseases			
ENDOCRINE			
Thyroid trouble	Weight change	Diabetes	Excessive thirst
HEMATOPOIETIC			
Easy bruising, excessive bleeding	Anemia	HIV infection, AIDS	Leukemia, problems with immune system
Spleen problems			
NEUROLOGICAL			
Headache	Dizziness, Fainting	Seizures	Paresthesia, neuralgia
Paralysis			
PSYCHIATRIC			
Anxiety	Depression	Other	
GROWTH OR TUMOR			
Surgery	Radiotherapy	Chemotherapy	List of all medications:
Drug allergies or other adverse drug effects:			

Consent

Certification

I certify that any and all questions I had about inquires above have been answered to my satisfaction. I was asked all these questions on this form and I have answered these questions truthfully and completely. I will not hold the staff or Doctor responsible for any errors or commissions that I may have made.

Please Print Name
Signature