

Periodontal Associates OF MEMPHIS

Periodontal, Laser and Dental Implant Therapy

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PLEASE PRINT

Patient Medical History

Patient's Name:	Name of guardian is patient is under the age of 18:		

Address:	Today's Date:	Date of Last Visit:	Date of Med. History:

City State Zip:	Birth Date:	Social Security No.:	Marital Status:

Home Phone:	Cell phone:	Work Phone #:	Email:

Name of person who will be paying (if different from patient):	Home Phone #:	Work Phone #:

Billing Mailing Address (if different from patient's address):	Relationship to Patient:

Physician Name:	Physician Name:

Pharmacy:	Pharmacy Phone:

<p>Do you have Dental Insurance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Name of Patient or Dentist who referred you to our office: _____</p>
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Sex: _____	<p>If female, please answer the following:</p> <p>Y N</p> <p><input type="checkbox"/> <input type="checkbox"/> Are you taking birth control pills?</p> <p><input type="checkbox"/> <input type="checkbox"/> Are you pregnant? If yes, # of weeks _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Are you nursing?</p>
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<p>Please answer the following:</p> <p>Y N</p> <p><input type="checkbox"/> <input type="checkbox"/> Do you smoke or use tobacco?</p> <p>For Office Use Only</p> <p>BP: _____ Heart Rate: _____</p>	<p>Height: _____</p> <p>Weight: _____</p>
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Y N Conditions

- Alcohol Abuse
- Allergies
- Anemia
- Angina Pectoris
- Arthritis
- Artificial Bones or Joints
- Artificial Heart Valve
- Blood Transfusion
- Cancer—Chemotherapy
- Colitis
- Congenital Heart Defect
- Cosmetic Surgery
- Diabetes
- Difficulty Breathing
- Drug Abuse
- Emphysema
- Epilepsy

Y N Conditions

- Fainting Spells
- Fever Blisters
- Frequent Headaches
- Glaucoma
- HIV+ AIDS
- Hay Fever
- Heart Attack
- Heart Surgery
- Hemophilia
- Hepatitis A
- Hepatitis B
- High Blood Pressure
- Kidney Problems
- Liver Disease
- Low Blood Pressure
- Mitral Valve Prolapse
- Pace Maker

Y N Conditions

- Pneumocystitis
- Psychiatric Problems
- Radiation Therapy
- Rheumatic Fever
- Seizures
- Shingles
- Sickle Cell Disease
- Sinus Problems
- Stroke
- Thyroid Problems
- Tuberculosis
- Ulcers
- Venereal Disease
- Yellow Jaundice
- Abnormal Bleeding/Hemophila
- Asthma/Allergies/Hay Fever

Y N ALLERGIES

- Aspirin
- Codeine
- Dental Anesthetics
- Erythromycin
- Iodine
- Jewelry
- Latex
- Metals
- Penicillin
- Tetracycline
- Other: _____

