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Practice Limited to Periodontics

FOR DOCTORS USE ONLY:

Blood Pressure _____ Pulse _____

PLEASE CIRCLE THE APPROPRIATE ANSWER

1. Are you in good health?..... YES NO
2. Has there been any change in your health within the past year? YES NO
3. Date of last physical exam _____
4. Are you now under medical care? YES NO
If so, what? _____
5. Have you ever had a serious illness or operation?..... YES NO
If so, please explain _____
6. Do you have or have you ever had any of the following?
 - a. Rheumatic fever or rheumatic heart disease YES NO
 - b. Congenital heart disease YES NO
 - c. Cardiovascular disease (heart trouble, heart murmur, heart attack, coronary insufficiency, coronary occlusion, high blood pressure arteriosclerosis, stroke) YES NO
 - d. Allergy or hay fever..... YES NO
 - e. Asthma..... YES NO
 - f. Hives or skin rash YES NO
 - g. Fainting spells..... YES NO
 - h. Diabetes..... YES NO
 - i. Hepatitis, jaundice or liver disease..... YES NO
 - j. Inflammatory rheumatism (painful swollen joints) YES NO
 - k. Arthritis..... YES NO
 - l. Stomach ulcers..... YES NO
 - m. Kidney trouble YES NO
 - n. Tuberculosis..... YES NO
 - o. Persistent cough or cough up blood YES NO
 - p. Venereal disease (syphilis, gonorrhea, other) YES NO
 - q. Epilepsy or seizure disorder..... YES NO
 - r. Artificial joint prosthesis..... YES NO
 - s. Substance abuse (alcoholism, drug addiction) YES NO
 - t. Immune system depression (organ transplant, AIDS, ARC) YES NO
7. Do you have pain in chest upon exertion?..... YES NO
8. Are you ever short of breath after mild exercise? YES NO
9. Do your ankles swell?..... YES NO
10. Do you get short of breath when you lie down, or do you require extra pillows to sleep? YES NO
11. Have you had abnormal bleeding associated with previous surgery, extractions or accidents? YES NO
12. Have you ever required a blood transfusion?..... YES NO
13. Do you have any blood or bleeding disorders (anemia, abnormal platelet function, etc.)? YES NO
14. Have you ever had surgery or x-ray treatment for a tumor, growth, or other condition?..... YES NO
15. Are you taking any of the following?
 - a. Antibiotics or sulfa drugs..... YES NO
 - b. Anticoagulants (blood thinners)..... YES NO
 - c. Medicine for high blood pressure YES NO
 - d. Cortisone or steroids..... YES NO
 - e. Tranquillizers..... YES NO

- f. Aspirin or anti-inflammatory agent YES NO
- g. Dilantin or other anti-convulsant YES NO
- h. Insulin, Tolbutamide, Orinase or similar drug YES NO
- i. Digitals or drugs for heart trouble..... YES NO
- j. Nitroglycerin..... YES NO
- k. Narcotic Analgesic..... YES NO
- l. Birth Control "pill" YES NO
- m. Alcohol, Antabuse YES NO
- n. Recreational drugs or substances YES NO
- o. Any other? (prescription or over-the-counter) _____

16. Are you allergic to or have you ever reacted adversely to any of the following?
 - a. Local anesthetics (Novocaine, etc.) YES NO
 - b. Penicillin or other antibiotics YES NO
 - c. Aspirin or anti-inflammatory drugs YES NO
 - d. Barbiturates, sedatives or sleeping pills YES NO
 - e. Narcotic analgesics YES NO
 - f. Any other? _____

17. Have you had any serious trouble associated with any previous dental treatment?..... YES NO
If so, please explain _____

18. Do you have any disease, condition, or problem not listed?
If so, please explain _____

19. Date of last dental exam _____

20. Have you ever been treated for any gum diseases (gingivitis, periodontitis, trenchmouth, pyorrhea)? YES NO
21. Do your gums bleed when you brush your teeth? YES NO
22. Do you grind or clench your teeth?..... YES NO
23. Have you often had toothaches? YES NO
24. Have you had frequent sores in your mouth?..... YES NO
25. Have you had any injuries to your mouth or jaws?..... YES NO
If so, please explain _____

26. Do you have any sores or swellings of your mouth or jaws? YES NO
27. Are you interested in keeping your teeth? YES NO
28. Have you been satisfied with your previous dental care? YES NO
If not, please explain _____

WOMEN

29. Are you pregnant? YES NO

The undersigned agrees that the information above is accurate.

Signature _____

Date _____