## Victoria Road Periodontal Associates

9. Please list drug allergies such as Aspirin, Antibiotics or Anesthetics (e.g. Novocaine)  10. Please list any food allergies such as peanuts  11. Please list any allergies to materials such as Latex  12. If you smoke, how many packs per day?	Name				Birtho	sate D, M, Y	Mr. / Mrs. /	Ms.
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Name of Spouse (or Guardian)								
Employer  Name of Dentist  Name of Dentist  How Long  Name of Physician  Reason for vialt to this office  Are you having pain in your mouth now?  If yes, Explain  No. S. Health Card (MSD) No.  Do you have Dental Insurance in Your Name? (y/n)  Insurance Company Name  GroupPolicy No.  GroupPolicy No.  LD. or Certificate No.  Do you have Dental Insurance in Your Spouses name? (y/n)  Insurance Company Name  GroupPolicy No.  LD. or Certificate No.  HEALTH HISTORY  Periodontal disease is caused by a combination of many complex elements. Almbourh some of the following questions may seem unrelated to your gum condition, they are all associated with proper management of your oral health.  PLEASE ANSWER ALL OUESTIONS CAREFULLY  Yes No  1. Are you presently in good health?  2. Date of last physical examination  Are you being treated by a physician now?  Blood pressure  Pulse  Slood pressure  Pulse  Heart diseases/electa  Respiratory Disorder  Heart diseases/electa  Respiratory Disorder  Anenia  Respiratory Disorder  Heart diseases/electa  Are you wer had arry fell following conditions?  Heart Use your had surpery within the last the (5) years?  Heart diseases/electa  Respiratory Disorder  Anenia  Blood Disease  Hip/ Knee Replacement  Are you Heart Valve replacement  Arthritis  Blood Disease  Hip/ Knee Replacement  Are you Hilly on how you had under with respiratory (y/n).  Have you ever had arry food alterige such as Aspirin, Antibiotice or Anesthetics (e.g., Novocaine)  Please list arry alteripies on has a speint. A little or Anesthetics (e.g., Novocaine)  Please list arry alteripies on has a speint. A little or Anesthetics (e.g., Novocaine)  Please list arry alteripies on has a speint. A little or Anesthetics or Anesthetics or Anesthetics or Anesthetics or Anesthetics or Anesthetics or Anes								
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Are you had excessive bleeding requiring special treatment?  1. Have you had excessive bleeding requiring special treatment?  1. Have you ever had any of the following conditions? If Yes, please if Heart disease/defects.  1. Have you ever had any of the following conditions? If Yes, please if Heart disease/defects.  1. Have you ever had any of the following conditions? If Yes, please is storke.  2. Please list drycu ever had any of the following conditions? If Yes, please if Heart disease/defects.  3. Please list drycu ever had any of the following conditions? If Yes, please if Heart disease/defects.  4. Have you ever had any of the following conditions? If Yes, please if Heart disease/defects.  4. Please list drycu ever had any of the following conditions? If Yes, please if Heart disease/defects.  4. Please list drycu ever had any of the following conditions? If Yes, please if Heart disease/defects.  4. Please list drycu ever had any of the following conditions? If Yes, please if Heart disease/defects.  4. Please list drycu ever had any of the following conditions? If Yes, please if Heart disease/defects.  4. Please list drycu ever had any of the following conditions? If Yes, please if Heart disease/defects.  4. Please list drycu ever had any of the following conditions? If Yes, please if Heart disease/defects.  4. Please list drycu ever had any of the following conditions? If Yes, please if Heart disease/defects.  4. Please list drycu ever had any of the following conditions? If Yes, please if Heart disease/defects.  4. Please list drycu ever had any of the following conditions? If Yes, please if Heart disease/defects.  5. Have you ever had only drycu ever had only drycu ever had only drycu ever had ever ever ever ever ever ever ever eve								
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Do you have Dental Insurance in Your Spouses name? (y/n) or Parents name? (y/n)						I.D. or Codificate No.		
Insurance Company Name	Do you h	nave Dental Insurance in Your	Spouses name	2 (v/n) or Parents a		I.D. or Certificate No		
HEALTH HISTORY  Periodontal disease is caused by a combination of many complex elements. Although some of the following questions may seem unrelated to your gum condition, they are all associated with proper management of your oral health?  PLEASE ANSWER ALL QUESTIONS CAREFULLY  Yes No  Are you presently in good health?  Date of last physical examination  Blood pressure  Pulse  Pulse  3. Please list your current drugs or medication  Have you had excessive bleeding requiring special treatment?  Have you had surgery within the last five (5) years?  Have you aver had and adiation treatment?  Have you ever had any of the following conditions? If Yes, please If Heart disease/defects  Respiratory Disorder  Anemia  Intestinal Disorder  Anemia  Intestinal Disorder  Asthma  Are you HIV positive?  Please list drug allergies such as Aspirin, Antibiotics or Anesthetics (e.g. Novocaine)  Please list any allergies to materials such as Latex  If you smoke, how many packs per day?  If you have quit smoking, how long ago?  If you have quit smoking, how long ago?  If you smoke, how many packs per day?  Have you ever had drietaties to roal surgery? (yin).  Have you ever had treatment for your jaws? (yin).  Have you ever had treatment or oral surgery? (yin).  Have you ever had treatment for your jaws? (yin).  Have you ever had treatment for your jaws? (yin).  Have you ever had treatment for your jaws? (yin).								
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1. Are you presently in good health?   County   2. Date of last physical examination   3. Please list your current drugs or medication   4. Have you had excessive bleeding requiring special treatment?   5. Have you had surgery within the last five (5) years?   6. Have you ever had radiation treatment?   7. Have you ever had any of the following conditions? If Yes, please of   8. Heart disease/defects   8. Stroke   8. Stomach Disorder   9. Please list other medical issues we should be aware of   9. Please list drug allergies such as Aspirin, Antibiotics or Anesthetics (e.g. Novocalne)   11. Please list any allergies to materials such as Latex   11. If you smoke, how many packs per day?   12. If you smoke, how many packs per day?   13. Have you ever had periodontal (gums) treatment? (y/n)   14. Are you aware that you clench or grind your teeth? (y/n)   15. Women: Are you pregnant? (y/n)   16. Is there anything else in your health history we should know?	conditio	n, they are all associated with	proper manag	gement of your oral health.	the f	ollowing questions may seem unreli	ated to your g	gum
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Heart disease/defects   Respiratory Disorder   Liver Disorder (Hepatitis A,B,C)   Stroke   Stomach Disorder   Ridney Disorder   Diabetes   Anemia   Intestinal Disorder   Diabetes   Arthritis   Blood Disease   Hip/ Knee Replacement   Asthma   Are you HIV positive?   Heart Valve replacement    8. Please list other medical issues we should be aware of   9. Please list drug allergies such as Aspirin, Antibiotics or Anesthetics (e.g. Novocaine)   10. Please list any food allergies such as peanuts   11. Please list any allergies to materials such as Latex   12. If you smoke, how many packs per day?   If you have quit smoking, how long ago?   13. Have you ever had periodontal (gums) treatment? (y/n)   Have you ever had orthodontic (braces) treatment or oral surgery? (y/n)   14. Are you aware that you clench or grind your teeth? (y/n)   Have you ever had treatment for your jaws? (y/n)   15. Women: Are you pregnant? (y/n)   Have you reached menopause? (y/n)   16. Is there anything else in your health history we should know?	7.	Have you ever had any of th	e following con	ditions? If Ves please of				
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Arthritis	*	Anemia						
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