CAROLINAS DENTIST.com
POSITIVELY DIFFERENT

Dental Care Day
Midtown • Porters Neck • The Pointe

PATIENT INFORMATION

First Name _____ MI _____ Last Name _____

Date of birth _____ Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Email address _____ Male ☐ Female ☐

Emergency Contact _____ Relationship _____ Phone Number _____

PATIENT HEALTH HISTORY

Are you allergic to penicillin?	☐ Yes ☐ No	Are you pregnant or breastfeeding?	☐ Yes ☐ No
Can you take ibuprofen?	☐ Yes ☐ No	Do you smoke or chew tobacco?	☐ Yes ☐ No
Can you take Tylenol?	☐ Yes ☐ No	Have you ever had heart surgery?	☐ Yes ☐ No
Have you recently been hospitalized?	☐ Yes ☐ No	Are you taking any type of blood thinner?	☐ Yes ☐ No
If yes, why: _____		Have you ever taken bisphosphonates?	☐ Yes ☐ No

MEDICAL QUESTIONS

Do you have a history of:

	Yes	No		Yes	No		Yes	No
AIDS / HIV Positive	☐	☐	Head Injuries	☐	☐	Nervous Problems / Disorders	☐	☐
Alcoholism	☐	☐	Hearing Impaired	☐	☐	Pacemaker	☐	☐
Allergies	☐	☐	Heart Disease	☐	☐	Prosthetic Joints	☐	☐
Anemia	☐	☐	Heart Valve, Murmur	☐	☐	Psychiatric Care	☐	☐
Arthritis	☐	☐	Hepatitis/Liver Disease	☐	☐	Radiation Treatment	☐	☐
Asthma	☐	☐	Hepatitis Carrier	☐	☐	Respiratory Problems / Disorders	☐	☐
Blood Disease	☐	☐	High Blood Pressure	☐	☐	Rheumatic Fever	☐	☐
Bone Disease	☐	☐	Hip/Joint Replacement	☐	☐	Rheumatism	☐	☐
Cancer	☐	☐	HPV	☐	☐	Scarlet Fever	☐	☐
Chemical Dependency	☐	☐	Jaundice	☐	☐	Seizures/Fainting Spells	☐	☐
Chest Pain	☐	☐	Kidney Disease	☐	☐	Sinus Problems	☐	☐
Circulatory Problems	☐	☐	Kidney Dialysis	☐	☐	Stomach Ulcers	☐	☐
Convulsions/Seizures	☐	☐	Latex Sensitivity	☐	☐	Stroke	☐	☐
Diabetes	☐	☐	Lupus	☐	☐	Thyroid Disease	☐	☐
Excessive Bleeding	☐	☐	Low Blood Pressure	☐	☐	Tuberculosis	☐	☐
Epilepsy	☐	☐	Malignancies	☐	☐	Tumors or growths	☐	☐
Glaucoma	☐	☐	Mitral Valve Prolapse	☐	☐	Ulcers	☐	☐
Hay Fever	☐	☐	Neck & Back Problems	☐	☐	Venereal Disease	☐	☐

_____ _____

Patient Signature Date