Gulf Coast Endodontics
exceptional • gentle • root canal care

Frederick J. Grassin, DDS
Micro-Endodontic Specialist

www.gulfcoastendo.com
info@gulfcoastendo.com

PATIENT MEDICAL HISTORY

Please print legibly

Salutation	First Name	Last Name	M.I.
Home Phone ( )	Cell Phone ( )	Date of Birth	
Work Phone ( )	Fax ( )	Gender	
Home Address	City/State/Zip		
Employer Name	Occupation		
Employer Address	Social Security Number		
Referring Doctor	Family Dentist		
Family Physician	Family Physician Phone ( )		
Guarantor	Date of Last Physical Exam / /		
Home E-mail	Work E-mail		
Insurance Company	Address		
Subscriber's Name	Subscriber's Social Security Number		
Subscriber's DOB	Group #	Relationship	

	Yes	No	Don't Know
1. Do you have unhealed injuries or inflamed areas, growths or sore spots in or around your mouth? If yes, please explain.			
2. Has there been any change in your general health within the past year? If yes, please explain.			
3. Are you under the care of a physician for a current problem? If yes, explain.			
4. Have you been hospitalized within the past 5 years? Please specify.			
5. Are you taking any medication or drugs? Please list them below.			
6. Have you received therapy for alcoholism or drug addiction during the past 5 years?			
7. Have you ever had any ALLERGIC or ADVERSE REACTIONS to anesthetics/antibiotics/ medications?			
8. Is there any condition concerning your health that the doctor should be told?			
9. Do you wish to speak to the doctor privately about anything?			
10. Have you had abnormal bleeding with previous extractions, surgery, or trauma?			
11. Have you ever required a blood transfusion?			
12. Have you ever had surgery and/or radiation for a tumor, growth, or other condition?			
13. Have you ever tested positively for HIV infection or AIDS? If so, state date diagnosed and treating doctor.			
14. Are you required to take antibiotics prior to dental treatment?			
15. Women only: are you pregnant, nursing or on birth control pills?			

Please continue

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Do you have or have you had any of the following?

- ☐ High blood pressure
- ☐ Heart murmur or prolapsed valve
- ☐ Joint prosthesis (hip, knee, etc.)
- ☐ Rheumatic fever or rheumatic heart disease
- ☐ Congenital heart disease
- ☐ Cardiovascular disease: heart attack, stroke or bypass
- ☐ Prosthetic heart valve
- ☐ Blood disorder (e.g. anemia)
- ☐ Venereal disease
- ☐ Asthma
- ☐ Allergy to latex
- ☐ Low blood pressure
- ☐ Chest pain, angina
- ☐ Swollen ankles, arthritis or joint disease
- ☐ Cardiac pacemaker
- ☐ Heart surgery
- ☐ Delay in healing
- ☐ Tuberculosis
- ☐ Emphysema
- ☐ X-Ray treatment or chemotherapy
- ☐ On a diet
- ☐ History of alcohol abuse
- ☐ Eye disease or glaucoma
- ☐ Infectious mononucleosis
- ☐ Sinus trouble
- ☐ Thyroid problems
- ☐ Diabetes
- ☐ Stomach ulcers, colitis
- ☐ Hepatitis, jaundice, liver disease
- ☐ Psychiatric treatment
- ☐ Fainting spells or seizures
- ☐ Epilepsy
- ☐ Cancer
- ☐ Temporomandibular joint problems (TMJ)
- ☐ Low blood sugar
- ☐ Dialysis
- ☐ Irregular heart beat
- ☐ Contagious diseases
- ☐ Bronchitis, chronic cough
- ☐ Hay fever or sinus problems
- ☐ Problems with the immune system
- ☐ Difficult breathing or other lung trouble
- ☐ Chronic fatigue or night sweats
- ☐ History of drug abuse
- ☐ Wear contact lenses
- ☐ Bruise easily
- ☐ Gallbladder trouble
- ☐ None of the above

	Yes	No	Don't Know
16. Are you taking any herbal medicine (i.e., St. John's Wort)?			
17. Have you ever taken the "fen-phen" diet?			
18. Do you have any disease, condition or problem not listed above? Specify.			

Women only:

Possibility of pregnancy:	YES / NO	Nursing:	YES / NO
Estimated delivery date:		Taking birth control pills:	YES / NO

NOTE: Antibiotics (such as penicillin) may alter the effectiveness of birth control pills. Consult your physician/ gynecologist for assistance regarding additional methods of control.

Injury:

This visit is related to an accident	YES / NO	Work related:	YES / NO
Date of injury:			
Insurance company handling the claim:			
Claim Number:			

_____ _____

Patient Signature (Parent signature if patient is under 18 years of age). Date

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