

# Family & Cosmetic Dentistry

Matthew R. Larson DDS

## Patient Health History

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Gender - Male/Female \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Marital Status \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Security# \_\_\_\_\_  
Responsible Party \_\_\_\_\_  
Billing Address if different from above \_\_\_\_\_  
Dental Insurance \_\_\_\_\_ Employer Name \_\_\_\_\_  
Referred by \_\_\_\_\_ Communication preference: Phone/Text/Email  
Number/Email Address \_\_\_\_\_

### Dental History

What is your primary dental concern? \_\_\_\_\_  
If you could change anything about your teeth or smile, what would you change? \_\_\_\_\_

Do you smoke or chew? \_\_\_\_\_ If so, for how many years? \_\_\_\_\_

Do you have a local Physician? If yes, please give name \_\_\_\_\_

Are you under a physician's care now? Yes No \_\_\_\_\_

Have you had a physical in the past year? Yes No \_\_\_\_\_

If female, are you pregnant or breastfeeding? Yes No Due Date: \_\_\_\_\_

### Does your medical history include any of the following: (please circle Yes or No)

Abnormal Blood Pressure	Yes	No	Eating Disorder	Yes	No
Endocarditis	Yes	No	Depression	Yes	No
Excessive Bleeding	Yes	No	Acid Reflux	Yes	No
Diabetes	Yes	No	Psychiatric Trt/Bipolar	Yes	No
Kidney Problems	Yes	No	Radiation Trt	Yes	No
T.B.	Yes	No	Artificial Joints	Yes	No
Liver Problems	Yes	No	Steroid Trt	Yes	No
Asthma	Yes	No	Artificial Heart Valve	Yes	No
Heart Condition	Yes	No	Cancer Trt	Yes	No
Pacemaker	Yes	No	Seizure Disorders	Yes	No
CPAP/Sleep Disorder	Yes	No	ADHD	Yes	No
Dry Mouth	Yes	No	AIDS/HIV	Yes	No
Breathing Disorders	Yes	No	Hepatitis	Yes	No
Other Diagnoses	_____				

Have you ever taken any drugs for osteoporosis or Paget's disease such as Fosamax, Boniva, Actonel, Reclast? Yes No When/What medication \_\_\_\_\_

Are you allergic to any medications? Yes No List \_\_\_\_\_

Do you have any other allergies? Yes No List \_\_\_\_\_

Please complete back of form 

