Tiger Town Dental Care

Thunga Nguyen, DDS
8160 YMCA Plaza Drive, Ste. B - Baton Rouge, Louisiana 70810 - (225)768-8200

Medical History

Patient Name: _____ Date of Birth: _____

Health problems that you have now or have had in the past could affect not only the condition of your oral health but influence the type of treatment that you may receive. Also, medications that you may be taking often have an important interrelationship with the condition of your mouth. Failing to disclose this information can be harmful to your health. Thank you for candidly answering the following questions.

Are you under a physician's care now? ___Yes ___No If YES, please explain:_____

Have you ever been hospitalized or had a major operation? ___Yes ___No If YES, please use the BACK of this form to provide details.

Have you ever had a serious head or neck injury? ___Yes ___No If YES, please explain:_____

Are you taking ANY medications, pills, or drugs? ___Yes ___No If YES, please use the BACK of this form to provide details.

Do you or have you ever taken Phen-Fen or Redux? ___Yes ___No If YES, please explain:_____

Have you ever taken Fosamax, Boniva, Actonel, or any other medications containing bisphosphonates? ___Yes ___No If YES, please explain:_____

Are you on a special diet? ___Yes ___No If YES, please explain:_____

Do you use tobacco? ___Yes ___No If YES, please explain:_____

Do you use ANY controlled substance? ___Yes ___No If YES, please explain:_____

Are you allergic to any of the following?

___ Aspirin ___Acrylic ___ Codeine ___Penicillin ___Latex ___Local anesthetics ___Metal ___Sulfa drugs

___Other:_____

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

___AIDS/HIV Positive	___Chest Pains	___Frequent Headaches	___Hypoglycemia	___Rheumatism
___Alzheimer's Disease	___Cold Sores/Fever Blisters	___Genital Herpes	___Irregular Heartbeat	___Scarlet Fever
___Anaphylaxis	___Congenital Heart Disorder	___Glaucoma	___Kidney Problems/Dialysis	___Shingles
___Anemia	___Convulsions	___Hay Fever	___ Leukemia	___Sickle Cell Disease
___Angina	___Cortisone Medicine	___Heart Attack/Failure	___Liver Disease	___Sinus Trouble
___Arthritis/Gout	___Diabetes	___Heart Murmur	___ Low Blood Pressure	___Spina Bifida
___Artificial Heart Valve	___Drug Addiction	___Heart Pace Maker	___ Lung Disease	___ Stomach/Intestinal Disease
___Artificial Joint	___Easily Winded	___Heart Trouble/Disease	___Mitral Valve Prolapse	___Stomach Ulcers
___Asthma	___Emphysema	___Hemophilia	___Osteoporosis	___Stroke
___Blood Disease	___Epilepsy or Seizures	___Hepatitis A	___Pain In Jaw Joints	___Swelling of the Limbs
___Blood Transfusion	___Excessive Bleeding	___Hepatitis B / C	___Parathyroid Disease	___Thyroid Disease
___Breathing Problems	___Excessive Thirst	___Herpes	___Psychiatric Care	___Tonsillitis
___Bruise Easily	___Fainting Spells/Dizziness	___High Blood Pressure	___Radiation Treatments	___Tuberculosis
___Cancer	___Frequent Cough	___High Cholesterol	___Recent Weight Loss	___Tumors or Growths
___Chemotherapy	___Frequent Diarrhea	___Hives/Rash	___Renal Dialysis	___Venereal Disease
			___Rheumatic Fever	___Yellow Jaundice

Have you had any serious illness not listed above? ___Yes ___No Are you being treated for Anxiety or Depression? ___Yes ___No

Please use the back of this form to explain any "YES" answers.

Women, are you: ___Pregnant/Trying to get pregnant? ___Nursing? ___Taking oral contraceptives?

Comments:_____

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform this office of any changes in my medical status.

Patient/Parent/Guardian Signature: _____ Today's Date: _____

Tiger Town Dental Care

Thunga Nguyen, DDS
8160 YMCA Plaza Drive, Ste. B - Baton Rouge, Louisiana 70810 - (225)768-8200

Medical History Page Two

Patient Name: _____ Date: _____

Please list ALL medications you are currently taking.

MEDICATION	DOSAGE/FREQUENCY	PRESCRIBING DR.	REASON FOR MEDICATION

Please list ALL surgeries and hospitalizations and their approximate dates.

SURGERY/HOSPITALIZATION	REASON FOR SURGERY/HOSPITALIZATION	APPROXIMATE DATE