Alec J. Temlock, DMD, MS, Inc.
San Francisco Periodontics and Implant Dentistry

Medical and Health History Questionnaire

Primary Medical Physician Name: _____ Office Phone: _____

City: _____ State: _____

Date of Last Physical or Medical Exam: _____

Have you ever been treated for any of the following?

Y N	Y N	Y N
☐☐ Anemia	☐☐ Glaucoma	☐☐ Radiation or Chemotherapy
☐☐ Arthritis	☐☐ Head Injuries	☐☐ Respiratory Problems
☐☐ Artificial Joints	☐☐ Heart Murmur	☐☐ Rheumatic Fever
☐☐ Auto-Immune Disorders	☐☐ Hepatitis	☐☐ Rheumatism
☐☐ Blood Disease	☐☐ High Blood Pressure	☐☐ Sinus Problems
☐☐ Cancer	☐☐ High Cholesterol	☐☐ Stomach Problems
☐☐ Cardiovascular Disorders	☐☐ Kidney Disease	☐☐ Stroke
☐☐ Diabetes	☐☐ Liver Disease	☐☐ Tuberculosis
☐☐ Dizziness	☐☐ Mental Disorders	☐☐ Tumors
☐☐ Epilepsy	☐☐ Nervous Disorders	**Women Only**
☐☐Excessive Bleeding	☐☐ Pacemakers	☐☐Breast-Feeding
☐☐ Fainting	☐☐ Pulmonary Disorders	☐☐ Pregnant

Have you ever been treated for any other medical condition not described above? ☐Yes ☐No

If yes, please explain: _____

Do you have any health problems that need further clarification? ☐ Yes ☐ No

If yes, please explain: _____

Have you been admitted to a hospital or needed emergency care during the last two years?

☐Yes ☐No If yes, please explain: _____

Medications and Allergies

What prescription and over-the-counter medications do you currently take (please list all)?

_____

_____

Are you allergic to any medications or any other substances? ☐Yes ☐No

If yes, please list all allergies: _____

Social History

Do you have a history or currently use or consume any of the following?

Y N *(If yes, please describe your consumption frequency)*

☐☐ Alcohol: _____

☐☐ Tobacco (any form including smokeless tobacco or vaporizers): _____

☐☐ Recreational drugs: _____

To the best of my knowledge, I have answered every question completely and accurately. If I ever experience any changes in my health and medications, I will inform Dr. Temlock immediately.

Patient's or Guardian's Name (Printed): _____

Patient or Guardian Signature: _____ Date: _____