Montana Roots Dental Care

mt.roots.dentalcare@gmail.com
2744 Colonial Drive, Helena, MT 59601

Are you under the care of a physician? ◯ Yes ◯ No

Physicians Name_____

Have you ever been hospitalized or had a major operation? ◯ Yes ◯ No

Do you have an artificial heart valve? ◯ Yes ◯ No

Do you have a pacemaker? ◯ Yes ◯ No

Have you ever had a joint replacement? ◯ Yes ◯ No

If yes please explain:

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Has a physician or previous dentist recommended that you take antibiotics or pre-medication prior to your dental appointment? ◯ Yes ◯ No

Have you ever been diagnosed with periodontal disease? ◯ Yes ◯ No

Have you ever had a serious head or neck injury? ◯ Yes ◯ No

Do you have TMJ problems? ◯ Yes ◯ No

Are you currently having any dental pain or other dental concerns?

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_____

Are you taking any medications, pills or drugs? ◯ Yes ◯ No

If so, what medications are you currently taking?

_____

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Do you currently or have you ever taken Fosamax, Boniva, Actonel or any other medication containing bisphosphonates? ◯ Yes ◯ No

Do you use tobacco? ◯ Yes ◯ No

Do you use controlled substances? ◯ Yes ◯ No

Women: Are you?

◯ Pregnant/Trying to get pregnant ◯ Nursing ◯ Taking Oral Contraceptives

Are you allergic to any of the following?

◯ Local Anesthetic ◯ Aspirin ◯ Penicillin ◯ Codeine ◯ Acrylic ◯ Metal ◯ Latex ◯ Sulfa Drugs

Do you have any other known allergies?

_____

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Do you have or have you had any of the following diseases or medical conditions?

- ☐ **NO TO ALL**
- ☐ Angina
- ☐ Blood Disease
- ☐ Chemotherapy
- ☐ Cortisone Medication
- ☐ Epilepsy or Seizures
- ☐ Frequent Headaches
- ☐ Heart Attack/Failure
- ☐ Herpes
- ☐ Irregular Heart Beat
- ☐ Lung Disease
- ☐ Parathyroid Disease
- ☐ Rheumatism
- ☐ Stomach Disease
- ☐ Tuberculosis
- ☐ AIDs/ HIV Positive
- ☐ Artificial Heart Valve
- ☐ Blood Transfusion
- ☐ Chest Pains
- ☐ Diabetes
- ☐ Excessive Bleeding
- ☐ Genital Herpes
- ☐ Heart Murmur
- ☐ High Blood Pressure
- ☐ Kidney Problems
- ☐ Mitral Valve Prolapse
- ☐ Psychiatric Care
- ☐ Scarlet Fever
- ☐ Stroke
- ☐ Tumors or Growths
- ☐ Alzheimer's Disease
- ☐ Artificial Joint
- ☐ Breathing Problems
- ☐ Cold Sores
- ☐ Drug Addiction
- ☐ Excessive Thirst
- ☐ Glaucoma
- ☐ Heart Trouble/Disease
- ☐ High Cholesterol
- ☐ Leukemia
- ☐ Osteoporosis
- ☐ Radiation Treatments
- ☐ Shingles
- ☐ Swelling of the Limbs
- ☐ Ulcers
- ☐ Anaphylaxis
- ☐ Arthritis
- ☐ Bruise Easily
- ☐ Congenital Heart Disorder
- ☐ Easily Winded
- ☐ Fainting/ Dizziness
- ☐ Gout
- ☐ Hepatitis A
- ☐ Hives or Rash
- ☐ Liver Disease
- ☐ Pacemaker
- ☐ Renal Dialysis
- ☐ Sickle Cell Disease
- ☐ Thyroid Disease
- ☐ Yellow Jaundice
- ☐ Anemia
- ☐ Asthma
- ☐ Cancer
- ☐ Convulsions
- ☐ Emphysema
- ☐ Frequent Cough
- ☐ Hay Fever
- ☐ Hepatitis B or C
- ☐ Hypoglycemia
- ☐ Low Blood Pressure
- ☐ Pain in Jaw Joints
- ☐ Rheumatic Fever
- ☐ Sinus Trouble
- ☐ Tonsillitis
- ☐ Other

Have you ever had any other serious illness not listed above? If yes, please list below:

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_____

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