# Erskine Family Dentistry

734 E. Ireland Rd. • South Bend, IN 46614 (574)299-9300

## Patient Medical History

**Patient Name:** _____ _____ ___ _____
Last First MI Preferred Name

- ☐ Acid Reflux
- ☐ Allergy - Codeine
- ☐ Allergy - Erythro
- ☐ Allergy - Latex
- ☐ Allergy - Other
- ☐ Allergy - Penicillin
- ☐ Allergy - Sulfa
- ☐ Allergy-Amoxicillin
- ☐ Allergy-Aspirin
- ☐ Allergy-Ibuprofen
- ☐ Allergy-Nickel/Jewel
- ☐ Arthritis
- ☐ Artificial Joints
- ☐ Asthma
- ☐ Blood Disease
- ☐ Blood Thinner
- ☐ Cancer
- ☐ Diabetes
- ☐ Dizziness
- ☐ Epilepsy
- ☐ Excessive Bleeding
- ☐ Fainting
- ☐ Glaucoma
- ☐ Head Injuries
- ☐ Heart Disease
- ☐ Heart Murmur
- ☐ Hepatitis
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ HIV
- ☐ Jaundice
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Mental Disorders
- ☐ Mitral Valve Prolaps
- ☐ Nervous Disorders
- ☐ Osteoporosis
- ☐ Other
- ☐ Pacemaker
- ☐ Pregnancy
- ☐ Radiation Treatment
- ☐ Respiratory Problems
- ☐ Rheumatic Fever
- ☐ Rheumatism
- ☐ Sinus Problems
- ☐ Sleep Apnea
- ☐ Snoring
- ☐ Stomach Problems
- ☐ Stroke
- ☐ Thyroid Disease
- ☐ Tuberculosis
- ☐ Tumors
- ☐ Ulcers
- ☐ Venereal Disease

**Other**

_____

_____

**Do you use tobacco?** ◯ Yes ◯ No

**If yes, which of the following?**

◯ Cigarettes ◯ Chewing Tobacco ◯ Cigars ◯ E cigarettes ◯ Vaping

**Do you now have, or have had a chemical dependency?** ◯ Yes ◯ No

**If yes, are you in recovery?** ◯ Yes ◯ No

**How long have you been in recovery?** _____

**For Women Only**

☐ Birth Control Pills ☐ Pregnant ☐ Nursing

**If pregnant, what is your due date?** _____

**Are you under medical treatment or have you had any major operations in the past 5 years?**

_____

_____

**Please list any medications you are currently taking, one medication per line:**

_____

_____

_____

_____

**Physician's Name**

**Physician's Phone Number**

**Response Date:** _____