Logo

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MEDICAL QUESTIONNAIRE

NAME: DATE:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YES** |  | **NO** |  | **QUESTIONS:** |
| [ | ] | [ | ] | 1. Have you ever had serious illness or hospitalizations? |
| [ | ] | [ | ] | 2. Have you ever had blood transfusion? |
| [ | ] | [ | ] | 3. Do you have allergies? |
| [ | ] | [ | ] | 4. Are you taking any medications? |
| [ | ] | [ | ] | 5. Have you had a heart murmur? Or any heart problem? |
| [ | ] | [ | ] | 6. When was your last medical check-up? |
| [ | ] | [ | ] | 7.Have you had an adverse reaction to any medicine or injection? |
| [ | ] | [ | ] | 8. Any medical disease that run in your family like cancer, diabetes or heart disease? |
| [ | ] | [ | ] | 9. Are you nervous during dental treatment? |
| [ | ] | [ | ] | 10. For women: Are you pregnant? Or breast feeding? |

11. CHECK IF YOU HAD ANY OF THE FOLLOWING:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **YES** |  | **NO** |  | **QUESTIONS:** |  | | | | |
| [ | ] | [ | ] | 12. Anemia | [ | ] | [ | ] | 34. High blood pressure |
| [ | ] | [ | ] | 13. Arthritis, Rheumatism | [ | ] | [ | ] | 35. HIV, AIDS |
| [ | ] | [ | ] | 14. Artificial heart valves | [ | ] | [ | ] | 36. Jaw pain |
| [ | ] | [ | ] | 15. Artificial Joints | [ | ] | [ | ] | 37. Kidney disease |
| [ | ] | [ | ] | 16. Back Problems | [ | ] | [ | ] | 38. Liver disease |
| [ | ] | [ | ] | 17. Blood disease | [ | ] | [ | ] | 39. Mitral valve prolapse |
| [ | ] | [ | ] | 18. Cancer | [ | ] | [ | ] | 40. Pacemaker |
| [ | ] | [ | ] | 19. Chemical dependency | [ | ] | [ | ] | 41. Radiation treatment |
| [ | ] | [ | ] | 20. Chemotherapy | [ | ] | [ | ] | 42. Respiratory disease |
| [ | ] | [ | ] | 21. Cholesterol | [ | ] | [ | ] | 43. Rheumatic fever |
| [ | ] | [ | ] | 22. Circulatory problem | [ | ] | [ | ] | 44. Scarlet fever |
| [ | ] | [ | ] | 23. Cortisone treatment | [ | ] | [ | ] | 45. Shortness of breath |
| [ | ] | [ | ] | 24. Cough up blood | [ | ] | [ | ] | 46. Skin Rash |
| [ | ] | [ | ] | 25. Diabetes | [ | ] | [ | ] | 47. Stroke |
| [ | ] | [ | ] | 26. Epilepsy | [ | ] | [ | ] | 48. Swelling of feet or ankles |
| [ | ] | [ | ] | 27. Fainting | [ | ] | [ | ] | 49. Thyroid problems |
| [ | ] | [ | ] | 28. Glaucoma | [ | ] | [ | ] | 50. Tobacco habit |
| [ | ] | [ | ] | 29. Headaches | [ | ] | [ | ] | 51. Tuberculosis |
| [ | ] | [ | ] | 30. Heart murmur | [ | ] | [ | ] | 52. Tonsillitis |
| [ | ] | [ | ] | 31. Heart problems | [ | ] | [ | ] | 53. Ulcer |
| [ | ] | [ | ] | 32. Hemophilia | [ | ] | [ | ] | 54. Venereal disease |
| [ | ] | [ | ] | 33. Hepatitis | [ | ] | [ | ] | 55. Other: Please Specify |

Patient Signature: