THE Smile Gallery
THE ART OF FINE DENTISTRY

David J. Bainer, DDS

MEDICAL HISTORY please use an "X" to mark ONLY the ones that apply to you

☐ AIDS/HIV positive	☐ Corsone Medicine	☐ Hemophilia
☐ Alzheimer's disease	☐ Diabetes	☐ Hepatitis A
☐ Anaphylaxis	☐ Drug Addiction	☐ Hepatitis B or C
☐ Anemia	☐ Easily Winded	☐ Herpes
☐ Angina	☐ Emphysema	☐ High Blood Pressure
☐ Arthritis Gout	☐ Epilepsy or Seizures	☐ High Cholesterol
☐ Artificial heart valve	☐ Excessive Bleeding	☐ Hives or Rash
☐ Artificial Joint	☐ Excessive Thirst	☐ Hypoglycemia
☐ Asthma	☐ Fainting Spells/Dizziness	☐ Irregular Heartbeat
☐ Blood Disease	☐ Frequent Cough	☐ Kidney Problems
☐ Blood Transfusion	☐ Frequent Diarrhea	☐ Leukemia
☐ Breathing Problems	☐ Frequent Headaches	☐ Liver Disease
☐ Bruise Easily	☐ Genital Herpes	☐ Low Blood Pressure
☐ Cancer	☐ Glaucoma	☐ Lung Disease
☐ Chemotherapy	☐ Hay Fever	☐ Mitral Valve Prolapse
☐ Chest pain	☐ Heart Aack/Failure	☐ Osteoporosis
☐ Cold Sores/fever blisters	☐ Heart Murmur	☐ Pain in Jaw Joints
☐ Congenital heart disorder	☐ Heart Pacemaker	☐ Parathyroid Disease
☐ Convulsions	☐ Heart Trouble/Disease	☐ Psychiatric Care

☐ Radiation Treatments	☐ Stomach/Intestinal Disease
☐ Recent Weight Loss	☐ Stroke
☐ Renal Dialysis	☐ Swelling of Limbs
☐ Rheumatic Fever	☐ Thyroid Disease
☐ Rheumatism	☐ Tonsillitis
☐ Scarlet Fever	☐ Tuberculosis
☐ Shingles	☐ Tumors or Growths
☐ Sickle cell disease	☐ Ulcers
☐ Sinus Trouble	☐ Venereal Disease
☐ Spina Bida	☐ Yellow Jaundice

NOTE: It's important for both the doctor and patient to talk honestly about a patient's health before dental treatment starts.
I have answered the above questions completely, accurately and to the best of my ability. I understand providing inaccurate information can be dangerous to my health.

Signature of Patient/ Legal Guardian: _____ Date: _____

FOR COMPLETION BY DENTIST OR DENTAL PROFESSIONAL

Comments: _____

Reviewed by: _____ Date: _____

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