

Implant Periodontal Professional
IPP Medical History

Patient Name:

Birth Date:

Date Created:

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health Problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

Are you under a physician's care now? Yes No

If yes

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

If yes

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

If yes

Are you taking any medication, pills, or drugs? Yes No

If yes

Have you ever taken Fosamax, Boniva, Actonel, or any other medications containing bisphosphonates? Yes No

If yes

Do you use alcohol? If so, how many times per week? Yes No

If yes

Do you require a pre-medication for your dental appointments? Yes No

If yes

Do you smoke or use e-cigarettes? Yes No

If yes

Do you use smokeless tobacco? Yes No

If yes

Are you on a special diet? Yes No

If yes

Do you currently use or have a history of using recreational drugs? Yes No

If yes

Have you or your family members ever had any anesthesia related problems? Yes No

If yes

Is there anything you would like to discuss alone with the doctor? Yes No

If yes

Women: Are you...

Pregnant/Trying to get pregnant?

Nursing?

Taking oral contraceptives?

