



West Georgia Family Dentistry

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MEDICAL HISTORY

Patient's Name: Date:
Physician's Name: Physician's Phone #:
Last Medical Exam:

Do you have any Drug Allergies or have you ever had an adverse reaction to any medication?
Has a physician directed you to take antibiotics prior to having dental treatment?
Have you had a joint replacement or heart valve replacement within the last year?
If yes, please take your Pre-Med antibiotic as prescribed by your physician prior to your appointment.

\*\*Please check if you have any of the following:

- Abnormal Bleeding, Anemia, Angina Pectoris, Arthritis, Artificial Joints, Artificial Valve, Asthma, Blood Transfusion, Cancer - Chemotherapy, Congenital Heart Defect, Cosmetic Surgery, Diabetes, Difficulty Breathing, Drug Abuse, Emphysema, Epilepsy, Fainting Spells, Fever Blisters, Frequent Headaches, Glaucoma, HIV+ / AIDS, Hay Fever, Heart Attack, Heart Disease, Heart Murmur, Heart Surgery, Hemophilia, Hepatitis A, Hepatitis B, High Blood Pressure, Kidney Problems, Liver Disease, Low Blood Pressure, Mitral Valve Prolapse, PRE-MED, Pace Maker, Pneumocystitis, Psychiatric Problems, Radiation Therapy, Rheumatic Fever, Seizures, Shingles, Sickle Cell Disease, Sinus Problems, Stroke, Thyroid Problems, Tuberculosis, Ulcers, Venereal Disease, Yellow Jaundice, Other

Are you under the care of a physician at this time?
If so, what conditions?
Have you been a patient in a hospital during the last two years?
Have you been under a doctor's care during the last two years?

Have you ever responded adversely to medical or dental treatment?
Are you currently taking any medication?
Do you have any other medical conditions not mentioned above?
If so, please explain.

For Women:
Are you or do you suspect you are pregnant? Are you nursing?

To the best of my knowledge, the information given is accurate and complete. I understand that in order to provide the best dental care, it is my responsibility to inform this office of any changes in my patient information or medical information.

Patient (or Guardian) Signature: Date: