

# DE ZAVALA DENTAL

5999 DE ZAVALA RD, # 122  
 SAN ANTONIO, TX 78249  
 210-691-1333 / 210-561-2599 FAX

## Dental History

When was your last dental treatment? \_\_\_\_\_ Last cleaning \_\_\_\_\_ X-Rays \_\_\_\_\_  
 Have you had a bad dental experience? Explain \_\_\_\_\_ Yes / No  
 Have you ever had periodontal treatment (Gum Disease)? Yes / No Do your gums bleed? Yes / No  
 Are any of your teeth loose? Yes / No Does food catch in between your teeth? \_\_\_\_\_ Yes / No  
 Do have difficulty opening or closing your mouth? \_\_\_\_\_ Yes / No  
 How often do you brush your teeth? \_\_\_\_\_ Do you floss? \_\_\_\_\_ How often? \_\_\_\_\_  
 Have you noticed any lumps, growths or swelling in your mouth? \_\_\_\_\_  
 Do you/have you ever smoked or chewed tobacco? Yes / No How much do you smoke? \_\_\_\_\_

## Medical History

Are you under the care of a physician? \_\_\_\_\_ Yes / No  
 Physicians Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Have you ever been hospitalized or had an operation? Explain: \_\_\_\_\_  
 Have you ever had a head or neck trauma? \_\_\_\_\_  
 Are you taking any medications? List: \_\_\_\_\_  
 Are you allergic to any medications? List: \_\_\_\_\_

### Check all that pertain to you

Angina / Chest Pain	Cortisone Medicine	Hepatitis Type _____	Recent Weight Loss
Aids	Diabetes	High Blood Pressure	Renal Disease
Allergies	Drug Addiction	HIV +	Rheumatic Fever
Alzheimer's Disease	Emphysema	Hives / Rash	Shortness of Breath
Anemia	Epilepsy or Seizures	Hypoglycemia	Sickle Cell Disease
Arthritis / Gout	Fainting / Dizziness	Irregular Heart Beat	Sinus Trouble
Artificial Heart Valve	Frequent Cough	Kidney Problems	Stomach / Intestinal Problems
Asthma	Frequent Diarrhea	Leukemia	Stroke
Blood Disorder	Frequent Thirst	Liver Disease	Swelling of Limbs
Blood Transfusion	Genital Herpes	Low Blood Pressure	Taking Aspirin
Breathing Problems	Glaucoma	Lung Disease	Taking Blood Thinners
Bruise Easily	Hay Fever	Mitral Valve Prolapse	Tumors / Growths
Cancer	Heart Attack / Failure	Nervousness	Ulcers
Chemotherapy	Heart Murmur	Pain in Jaw	Use of Recreational Drugs
Congenital Heart Disorders	Heart Pace Maker	Parathyroid Disease	Venereal Disease
Cold Sores/ Fever Blisters	Heart Surgery	Psychiatric Care	Yellow Jaundice
Convulsions	Heart Trouble	Radiation Treatment	

Have you ever had other serious illness not listed above? \_\_\_\_\_

Pharmacy Phone #/ Location \_\_\_\_\_

**Women (Please Check) ( ) Pregnant ( ) Trying to get pregnant ( ) Nursing ( ) Taking Oral Contraceptives**

*To the best of my knowledge all the above answers are correct. If any of the information changes I will inform the dentist at my next visit.*

Patient \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by Doctor \_\_\_\_\_ Date \_\_\_\_\_

