Issaquah Smile Designs

Eun H. Kim, D.D.S., P.S.

Patient's Name: ______________________________ Birthdate: ________________ Today's Date: ____________

Email: ____________________________________ Cell Phone: ____________________________________

DENTAL HISTORY

Reason for this dental appointment: ☐ Examination ☐ Emergency ☐ Consultation

Do you have a specific dental problem? ____

Do you smoke or chew tobacco? ☐ Yes ☐ No

Do you wear a nightguard? ☐ Yes ☐ No Do you grind, clench or have discomfort in the jaw area? ______________

Date of last dental visit: ______________ Previous Dentist: ________________ Phone Number: ____________

MEDICAL HISTORY

Are you in overall good health? ☐ Yes ☐ No

Physician's Name: ___________________________________ Phone Number: ____________________________

Current Medical Conditions: ____

List of Major Operations or Hospitalizations: ____

LIST OF MEDICATIONS THAT YOU ARE TAKING: ____

____

ALLERGIES OR ADVERSE REACTIONS TO MEDICATIONS:

	Y	N		Y	N		Y	N
Local anesthetic	☐	☐	Latex	☐	☐	Other Antibiotics	☐	☐
Codeine or other narcotic	☐	☐	Barbiturates, sedatives	☐	☐	Reaction to Metals	☐	☐
Sulfa Drug	☐	☐	Penicillin	☐	☐	Other	☐	☐

DO YOU HAVE OR HAVE HAD ANY OF THE FOLLOWING CONDITIONS?

	Y	N		Y	N		Y	N
High Blood Pressure	☐	☐	Hepatitis B or C	☐	☐	Arthritis	☐	☐
Heart Attack/Heart Disease	☐	☐	Ulcers/Acid Reflux	☐	☐	Asthma	☐	☐
Heart Murmur	☐	☐	Diabetes-Type? _____	☐	☐	Allergies	☐	☐
Rheumatic/Scarlet Fever	☐	☐	Psychiatric Care	☐	☐	Respiratory Disease	☐	☐
Stroke	☐	☐	Anemia/Excessive Bleeding	☐	☐	Tuberculosis	☐	☐
Pacemaker	☐	☐	Cancer	☐	☐	Venereal Disease	☐	☐
Artificial Joint (hip, knee)	☐	☐	Radiation Treatment	☐	☐	AIDS/HIV Positive	☐	☐
Hepatitis A	☐	☐						
Are you currently Pregnant?	☐	☐	If yes, expected delivery date? ________________					

Do you have a medical condition that requires antibiotic treatment before dental treatment? ☐ ☐

MEDICAL UPDATES & NOTES

Date	Note	Date	Note
__________	____________________________	__________	____________________________
__________	____________________________	__________	____________________________
__________	____________________________	__________	____________________________
__________	____________________________	__________	____________________________
__________	____________________________	__________	____________________________