Mehregan Dental Corporation

Quality Dentistry - Downey

10558 Paramount Blvd, Downey, CA 90241 | (562) 869-2091

Medical History

Patient name: _____ Date: _____

Please mark Yes or No for each item. Explain any Yes answers on page 2. If you are unsure about a question, leave it blank and ask our team.

Medical conditions and history

	Yes	No		Yes	No
Anemia	☐	☐	HIV	☐	☐
Arthritis	☐	☐	Kidney disease	☐	☐
Artificial joints	☐	☐	Liver disease	☐	☐
Asthma	☐	☐	Mental health conditions	☐	☐
Bisphosphonate use	☐	☐	Pacemaker	☐	☐
Blood disease	☐	☐	Pregnancy	☐	☐
Cancer	☐	☐	Respiratory problems	☐	☐
Diabetes	☐	☐	Rheumatic fever	☐	☐
Dizziness	☐	☐	Rheumatism	☐	☐
Epilepsy	☐	☐	Sexually transmitted infections	☐	☐
Excessive bleeding	☐	☐	Stomach problems	☐	☐
Fainting	☐	☐	Stroke	☐	☐
Glaucoma	☐	☐	Thyroid condition	☐	☐
Head injuries	☐	☐	Tuberculosis	☐	☐
Heart disease	☐	☐	Tumors	☐	☐
Hepatitis	☐	☐	Other medical condition	☐	☐
High blood pressure	☐	☐			

Please continue to page 2 for allergies, medications and additional information.

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Allergies & Additional Medical Information

Patient name: Date:

Allergies

	Yes	No
Any allergies	☐	☐
Latex	☐	☐
Penicillin	☐	☐
Codeine	☐	☐
Erythromycin	☐	☐
Sulfa	☐	☐
Hay fever	☐	☐
Other allergy	☐	☐

Premedication history

Have you been prescribed any of these before dental treatment?

Amoxicillin	☐ Yes	☐ No
Clindamycin	☐ Yes	☐ No
Other premedication	☐ Yes	☐ No

Details and current medications

Please explain Yes answers, describe allergy reactions, and list current medications (including doses if known). You may attach a separate list.

Please include any other health information you would like your dentist to know.

Patient or parent/guardian signature: Date:

Printed name: