

Drs. Pfeffer, Palmer, Guletz, & Greaves
16 Hampton Village Plaza
Suite 229
St. Louis, MO 63109
314-353-1851

PATIENT NAME _____

Medical History	YES	NO	Medical History	YES	NO
Angina/Chest Pain			Heart Pacemaker		
Artificial Heart Valve			Hepatitis A		
Artificial Joint			Hepatitis B or C		
Asthma			High Blood Pressure		
Alzheimer's Disease			HIV Positive		
Blood Disease			Liver Disease		
Breathing Problem			Lung Disease		
Cancer			Osteoporosis		
Chemotherapy			Radiation Treatment		
Congenital Heart Disorder			Rheumatism		
Diabetes			Stroke		
Drug Addiction/Alcoholism			Thyroid Disease		
Epilepsy or Seizures			Tuberculosis		
Heart Attack/Failure			Other Illness Not Listed		

Do you have a specific dental problem? Please describe _____

When was your last Dental Exam? _____ Full Mouth X-rays? _____

Is there anything you would like to change about your smile? _____

Are you currently under a physician's care now? _____ Why? _____

Have you ever been informed you snore or been diagnosed with Sleep Apnea? _____

If yes, how are you currently treating? _____

Please list current medications you are taking including over-the-counter medications:

Have you ever taken medication for low bone density? Yes No

Please check if allergic to any medications or substances listed.

Aspirin Penicillin Latex Codeine

Other: _____

Women (Please Check): Pregnant Nursing

If I have any changes in my health status, I shall inform the dentist at the next appointment

X _____

Patient Signature (Parent or Guardian)