A to Z Family Dentistry, PC

Marina Guelfguat, D.D.S.

159 E. Main Street
Little Falls, NJ 07424

Tel: (973) 837-6655
Fax: (973) 837-6654

Email: atozfamilydentistrynj@gmail.com
Website: atozfamilydentistrynj.com

Health History

Patient's Name _____ Today'sDate: _____

Have you had any of the following? Please circle Yes or No.

Allergies to medications. If yes, please specify_____ Yes No
Allergies to Latex _____ Yes No
Any other allergies, please specify: _____ Yes No
Heart Murmur _____ Yes No
Mitral Valve Prolapse _____ Yes No
Rheumatic Fever _____ Yes No
High Blood Pressure _____ Yes No
Heart Disease or Heart Surgery? If yes, please specify: _____ Yes No
Do you require antibiotics before dental treatment? _____ Yes No
Do you bleed or bruise easily? _____ Yes No
For women: Are you pregnant or may be pregnant? _____ Yes No
Do you have now or had a history of Hepatitis? _____ Yes No
Do you have now or had a history of Jaundice? _____ Yes No
Do you have now or had a history of Tuberculosis? _____ Yes No
HIV or AIDS _____ Yes No
Venereal Disease? If yes, please specify: _____ Yes No
Kidney Disease? If yes, please specify: _____ Yes No
Liver Disease? If yes, please specify _____ Yes No
Stroke _____ Yes No
Radiation Treatment _____ Yes No
Respiratory Problems _____ Yes No
Epilepsy _____ Yes No
Mental problems? If yes, please specify _____ Yes No
Are you presently under the care of a physician? _____ Yes No
Name of Physician _____
Physician's Phone Number: _____
Please list ALL medications you are currently taking.

_____
_____
_____

Do you take BISPHOSPHONATES?_____
Any other medical problems? Please specify _____
Do you grind your teeth? _____ Yes No
Do your gums bleed? _____ Yes No
Do you like your smile? _____ Yes No
Are you interested in whitening your teeth? _____ Yes No

Patient or Guardian's Signature _____