

VIVID DENTAL

Family and Cosmetic Dentistry

Dr. Monti Harpalani

11560 FM 1960 West, Suite # 200 Houston, TX 77065 Telephone Number: (281) 809-4902

www.myvividental.com

Medical & Dental History Form

Medical History:

Do you have a personal physician? Yes No

Physician's Name: _____

Physician's Phone: _____

Date of last visit: _____

Your current physical health is: Good Fair Poor

Are you currently under the care of a physician? Yes No

Please explain: _____

Do you use tobacco in any form? Yes No

Have you had any metal rods, pins or implants placed? Yes No

Are you taking any medications? Yes No

Please list each one: _____

Have you ever had any surgical procedures? Yes No

Please list each one: _____

Yes No Conditions

- | | | | |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Abnormal Bleeding | <input type="checkbox"/> | <input type="checkbox"/> Artificial Heart Valve |
| <input type="checkbox"/> | <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> | <input type="checkbox"/> Allergies | <input type="checkbox"/> | <input type="checkbox"/> Blood Transfusion |
| <input type="checkbox"/> | <input type="checkbox"/> Anemia | <input type="checkbox"/> | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> | <input type="checkbox"/> Angina Pectoris | <input type="checkbox"/> | <input type="checkbox"/> Chemotherapy |
| <input type="checkbox"/> | <input type="checkbox"/> Arthritis | <input type="checkbox"/> | <input type="checkbox"/> Colitis |
| | | <input type="checkbox"/> | <input type="checkbox"/> Congenital Heart Defect |

Yes No Conditions

- Diabetes
- Difficulty Breathing
- Drug Abuse
- Emphysema
- Epilepsy
- Facial Surgery
- Fainting Spells
- Fever Blisters
- Frequent Headaches

Yes No Conditions

- Glaucoma
- HIV+ AIDS
- Heart Attack
- Heart Murmur
- Heart Surgery
- Hemophilia
- Hepatitis A
- Hepatitis B
- Hepatitis C
- High Blood Pressure
- Joint Replacement
- Kidney Problems
- Liver Disease

- Low Blood Pressure
- Mitral Valve Prolapse
- Pace Maker
- Psychiatric Problems
- Radiation Therapy
- Rheumatic Fever
- Seizures
- Sexually Transmitted Disease
- Shingles

Yes No Conditions

- Sickle Cell Disease
- Sinus Problems
- Stroke
- Thyroid Problems
- Tuberculosis
- Ulcers

Yes No Allergies

- Aspirin
- Codeine
- Dental Anesthetics
- Erythromycin
- Jewelry
- Latex
- Metals
- Penicillin
- Tetracycline

Yes No If Female, Please Answer

- Are you taking Birth Control Pills?
- Are you pregnant?
If so, # of Weeks _____
- Are you nursing?

Nearest relative not living with you:

Name: _____ Relationship: _____

I understand that the information that I have given **Vivid Dental** is correct to the best of my knowledge. I also understand that this information will be held in the strictest confidence and it is my responsibility to inform this office of any changes in my medical status.

Signature: _____ Date: _____

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Dental History:

How may we help you today? _____

Your current dental health is: Good Fair Poor

Do you require antibiotics before dental treatment? Yes No

Are you currently in pain? Yes No

Have you ever had gum treatment? Yes No

Do you now or have you had any pain/discomfort in your jaw joint? (TMJ) Yes No

Are you under stress? (New job, moving, relationships) Yes No

Do you like your smile? Yes No

Is there anything you would like to change about your smile? Yes No

Are you happy with the color of your teeth? Yes No

Do your gums bleed? Yes No

How many times a do you: floss/week? _____ brush/day? _____

Are your teeth sensitive to heat, cold or anything else? Yes No

Have you lost any teeth? Yes No

Have you ever had a serious/difficult problem with any previous dental work? Yes No

Have you ever had any unfavorable dental experiences? Yes No

When was your last dental cleaning? _____

When was your last dental visit? _____

Why did you leave your previous dentist? _____

How can we accommodate you better during your dental visit? _____

Here at **Vivid Dental** we offer a wide variety of services to enhance and keep your smile beautiful. Please circle any services below you would like our friendly staff to discuss with you during your visit.

- Six Month Smiles
- Painless Dentistry
- Pediatric Dentistry
- Teeth Whitening
- Veneers
- Lumineers
- Snap-On Smile
- Cosmetic Dentistry
- Restorative Dentistry (Fillings, Inlays/ Onlays, Root Canals, and Dentures)
- Crowns & Bridges
- Extractions
- Gum Disease