



**THE TOOTH PLACE**  
BOLTON MEDICAL CENTER  
12295 Hwy 50 Unit 211, Bolton, ON L7E 1M2  
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**Medical History Questionnaire:**

**Medical Alert**

Name: MR/MISS/MRS/MR/DR

Date of Birth: (Day/Month/Year)

Address: (Home)

Phone

Occupation: \_\_\_\_\_ Who referred you to our office? \_\_\_\_\_

In case of emergency, we should notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

The following information is required to enable us to provide you with the best possible dental care. All information is strictly private and is protected by doctor-patient- confidentiality. The dentist will review the questions and explain any that you do not understand. Please fill in the entire form.

1. Are you currently being treated for any medical condition or have you been treated within the past year? If yes, please explain a. yes b. no c. not sure/maybe

2. When was your last medical checkup? \_\_\_\_\_

3. Has there been any change in your general health in the past year? If yes, please explain

a. yes b. no c. not sure/maybe

4. Are you taking any medications, non-prescription drugs, or herbal supplements of any kind? If yes,

List them: a. yes b.no c. not sure/maybe \_\_\_\_\_

5. Do you have any allergies? If yes, please list them using the categories below

a. yes b. no c. not sure/maybe

a. medications \_\_\_\_\_

b. latex/rubber products \_\_\_\_\_

c. other (e.g. hay fever, seasonal/environmental/foods) \_\_\_\_\_

Have you ever had a peculiar or adverse reaction to any medicines or injections? If yes, explain

\_\_\_\_\_

6. Do you or have you ever had asthma? a. yes b. no c. not sure/may

7. Do you have, or have you ever had any heart or blood pressure problems? A. yes b.no c. not sure

8. Do you have, or have you ever had a replacement or repair of a heart valve, an infection of the

9. Heart, an infection of the heart (i.e. infective endocarditis), a heart condition from birth (i.e.

10. Congenital heart disease) or a heart transplant? A. yes b. no c. maybe/not sure

11. Do you have prosthetic or artificial joint? A. yes b.no c. not sure/maybe

12. Do you have any conditions or therapies that could affect your immune system (e.g. leukemia?

AIDS, HIV infection, radiotherapy, chemotherapy)? A. yes b.no c. not sure/maybe

Have you ever had hepatitis, jaundice, or liver disease? A. yes b. no c. not sure/maybe

Do you have a bleeding problem or bleeding disorder? A. yes b. no c. not sure/maybe

Have you ever been hospitalized for any illnesses or operations? If yes, please explain

A. yes b. no c. not sure/maybe

\_\_\_\_\_

Do you have or have you ever had any of the following? Please check

chest pain, angina

- heart attack
- rheumatic fever
- stroke, TIA
- steroid therapy
- diabetes
- thyroid disease

- heart murmur
- mitral valve prolapses
- tuberculosis
- cancer
- pacemaker
- lung disease
- stomach ulcers
- arthritis
- drug/alcohol/cannabis/use or dependency
- seizures (epilepsy)
- kidney disease
- shortness of breath
- osteoporosis medications e.g. Fosamax, Actonel

Are there any conditions or diseases not listed above that you have or have had? If yes, please

Explain a. yes b.no c. not sure/maybe

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Are there any diseases or medical problems that run in your family? (e.g. diabetes, cancer or Heart disease) a. yes b.no c. not sure/maybe

Do you smoke or chew tobacco products? A. yes b.no c. not sure/maybe

Are you nervous during dental treatment A. yes b. no c. not sure/maybe?

Are you breastfeeding or pregnant? If pregnant, what is your expected delivery date?

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Do you identify as a patient with disability? If yes, please explain a. yes b. no c. not sure

To the best of my knowledge, the above information is correct:

Patient/Patient/ Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Dentist Signature \_\_\_\_\_ Date \_\_\_\_\_

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A patient's **medical history** is a vital part of his or her **dental history** and increases the **dentist's** awareness of diseases and medication which might interfere with the patient's **dental** treatment.

If you have any further questions or concerns, please do not hesitate to contact one of our team members.

**THANK YOU.**