



ZARA DENTAL  
RESTORATIVE • COSMETIC • DENTISTRY

### **Medical History and Survey for New Patient**

Birthdate:

First Name:

Last Name:

Name of Medical Doctor:

Emergency Contact Phone

Relationship to contact:

List all medications that you are now taking:

Are you allergic to any of the following- circle the ones that apply:

Latex/ Iodine/ Penicillin/ Aspirin/ Codeine/ Ibuprofen/ Sulfa

Do you have any of the following medical conditions- circle those that apply:

Asthma/ Kidney Disease /Bleeding Problems/ Liver Disease/ Cancer/ Pregnancy/  
Diabetes /Psychiatric Treatment /Heart Murmur /Sinus Trouble /Stroke/Heart Trouble/  
High Blood Pressure/ Ulcers Rheumatic Fever/Joint Replacement

Tobacco use? If so, what kind and how much?

Unusual reaction to dental injections?

Are you in pain?

Reason for today's visit:

New patients: Do you have a Panoramic x-ray or Full Mouth x-rays that are less than 3 years old?

On a scale of A through F how do you grade your smile?

Are you interested in teeth whitening? Botox? Facial fillers?

Anything else you'd like the dentist to know?