



Talkeetna Clinic
Mile 4.4 Talkeetna Spur Rd.

(907) 733-2273

HC89 Box 8190
Talkeetna, AK 99676



Willow Clinic
24091 Long Lake Rd.



(907) 495-4100



PO Box 1049
Willow, AK 99688

Dental Health History - Adult

Patient Name: _____

Date of Birth: _____ Today's Date: _____

Yes No Do you like your smile?

If no, explain:

Yes No Are you in dental pain?

Yes No Have you had complications with prior dental treatment?

Yes No Have you had an adverse reaction to anesthetic?

If yes, explain:

Yes No Are you currently taking blood thinners?

Yes No Have you ever been told to take a pre-med before dental treatment?

Yes No Do you have a history of bacterial endocarditis?

Yes No Have you ever had joint replacement?

If yes, explain:

Yes No Have you been hospitalized in the past 10 years?

If yes, explain:

Yes No Have you ever had periodontal treatment?

Do you wear a removable appliance?

Full Upper Denture Full Lower Denture Orthodontic Appliance
 Partial Upper Denture Partial Lower Denture Other:

Allergy Type

Reaction

Please circle if you have had problems with any of the following:

Frequent Headaches	High Blood Pressure	Diabetes	Osteoporosis
Severe Headaches	Heart Murmur	High Cholesterol	Joint Replacement
Migraines	Rheumatic Fever	Liver Disease / Hepatitis	Nerve Injury
Fainting Spells	Artificial Heart Valves	Painful Urination	Blood Clots
Seizures / Epilepsy	Heart Valve Problems	Frequent Urination	Anemia
Stroke	Heart Surgery	Blood in Urine	Blood Disorder
Head Injury	Shortness of Breath	Kidney Stone	Blood Transfusion
Vision Problems / Glaucoma	Chronic Cough	STD	Cancer
Hearing Loss	Asthma	HIV Positive	Exposure to Toxins
Sinus Problems	Emphysema	Immune Problem	Skin Problems
Thyroid	Tuberculosis	Swollen/Painful Joints	Self-Confidence Concerns
Breast Problems	Coughing up Blood	Chronic Back Pain	Eating Disorder
Chest Pain	Heartburn	Gout	Depression or Anxiety
Palpitation / Pounding	Stomach Problems	Arthritis	Suicide Attempt or Plan
Heart Attack	Hernias	Bursitis	Domestic Violence
Heart Disease	Gallbladder	Rheumatism	Sexual Abuse

Women Only

Yes No Are you currently pregnant?

Yes No Are you currently nursing?

