

## Anthony T. Quinta, D.M.D., LLC Diplomate of the American Board of Periodontology

Health Questionnaire	Today's Date: / /			
Patient's Name:			/ /	
Street Address:		Email:		
City:		State:	Zip:	
Preferred Contact #:			one #:	
General Dentist:				
ALTHOUGH DENTAL PERSONNEL PRIMARILY TREAT THE AREA BODY. HEALTH PROBLEMS THAT YOU MAY HAVE, OR MEDICATION WITH THE DENTISTRY THAT YOU WILL BE RECEIVING.  YES	ATION THAT YOU A	O YOUR MOUTH, YO MAY BE TAKING, CO	OUR MOUTH IS PART C ULD HAVE AN IMPORT	OF YOUR ENTIRE TANT INTERAC-
ARE YOU IN GOOD HEALTH	HAVE YOU EVER REQUIRED A BLOOD TRANSFI HAVE YOU HAD A RECENT WEIGHT LOSS		JSION	
ARE YOU TAKING ANY MEDICINE(S) INCLUDING NON-PRESCRIPTION MEDICINE	WHA	AT:	T	
DO YOU PRE-MEDICATE PRIOR TO ANY DENTAL APPOINTMENTS	□ BEPR □ ARE	YOU NURSING	CONTROL PILLS	
YES	NO			
ARE YOU ALLERGIC TO OR HAVE YOU HAD ANY REACTIONS TO:  LOCAL ANESTHETICS LIKE NOVOCAINE	ANE ASTH ARTH BAC CHE CHE COL CON COR	MIA HMA OR HAY FEVER HRITIS OR RHEUMAT K PROBLEMS MICAL DEPENDENC MOTHERAPY (CANC ST PAIN D SORES/FEVER BLIS NGENITAL HEART PR	Y	
DO YOU HAVE OR HAVE YOU EVER HAD THE FOLLOWING: AIDS OR HIV INFECTION	□ DIAE			

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PATIENT S	IGNATURE	DATE	 DENTIST SIGNATUI	RE	DATE
TIENT'S N	IAME		D	ATE OF BIRTH	
DATE	I HAVE REVIEWED THE ATTACHED MEDICATIONS HAVE CHANGED WRITE "NO CHANGE")			DENTIST'S SIGNATURE	PATIENT OR GUARDIAN'S SIGNATURE
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