Dr. Soto Dentist - Downey
8018 Stewart and Gray Rd, Downey, CA 90241 | (562) 923-7799

Medical History Form

Your health history helps us provide safe, effective dental care.

Patient Name: _____ **Date:** _____

Date of Birth: _____ **Phone:** _____

General Health

How would you rate your overall health?

- ■ Excellent
- ■ Good
- ■ Fair
- ■ Poor

Name of Primary Care Physician:

_____

Physician Phone: _____

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

- ■ Heart Disease / Heart Attack
- ■ Diabetes (Type 1 or 2)
- ■ Hepatitis (A, B, or C)
- ■ Cancer / Tumors
- ■ Blood Disorder / Anemia
- ■ Liver Disease
- ■ Arthritis / Joint Replacement
- ■ Tuberculosis (TB)
- ■ Drug / Alcohol Dependency
- ■ High Blood Pressure
- ■ Asthma / Breathing Problems
- ■ HIV / AIDS
- ■ Epilepsy / Seizures
- ■ Kidney Disease
- ■ Thyroid Problems
- ■ Stroke
- ■ Psychiatric Treatment
- ■ Bleeding Disorder

Other conditions not listed: _____

Current Medications

List all medications you are currently taking (including over-the-counter and supplements):

Medication: _____ **Dosage:** _____

Medication: _____ **Dosage:** _____

Medication: _____ **Dosage:** _____

Medication: _____ **Dosage:** _____

Allergies

Are you allergic to any of the following?

- ■ Penicillin / Antibiotics
- ■ Aspirin / NSAIDs
- ■ Codeine / Narcotics
- ■ Metals / Nickel
- ■ Local Anesthetics (Novocaine)
- ■ Latex
- ■ Sulfa Drugs
- ■ Iodine

Other allergies: _____

For Women Only

- ■ Are you pregnant? If yes, due date: _____
- ■ Are you nursing?
- ■ Are you taking birth control pills?

Dental History

Date of last dental visit: _____

Reason for today's visit: _____

- ■ Do you have dental anxiety or fear?
- ■ Have you had any bad dental experiences?
- ■ Do your gums bleed when you brush?
- ■ Do you grind or clench your teeth?
- ■ Are you experiencing any pain right now?

I certify that the above information is correct to the best of my knowledge. I understand that it is my responsibility to inform this office of any changes in my medical status.

Patient/Guardian Signature: **Date:** _____

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