SMILES IN THE VALLEY
FAMILY DENTISTRY

320 N. Maple Street
Orwell, Ohio 44076
Phone: (440) 437-8444
Fax: (440) 437-8657

Medical History

Medical Doctor_____ **Date of last visit**_____

Medications: NONE List:_____

_____

Allergies: NONE List:_____

Have you ever had any surgeries or operations? NO YES: _____

_____

Do you or have you in the past smoked/used chewing tobacco? YES NO

Have you ever been recommended to take antibiotics before dental treatment? YES NO

Female Patients: Are you Pregnant? YES NO Are you nursing/breastfeeding? YES NO

Circle any of the medical conditions below that you have had or currently have:

Bleeding/hemophilia

Anemia

Arthritis

Asthma/Hayfever

Bone Disorders

Congenital Heart Defect

Diabetes

Dizziness

Epilepsy

Gastrointestinal Disorders

Heart Problems

Heart Murmur

Hepatitis/Liver problems

Herpes

High blood pressure

HIV/AIDS

Kidney Problems

Radiation/Chemotherapy

Tumor/Cancer