The DENTAL COLLECTIVE

Medical Questionnaire

Family Physician		
Phone Number		
Pharmacy		
Pharmacy Address		
Pharmacy Phone Number		
Are you Currently under the care of a Physician?	Yes	No
If yes, what is being treated?		
Are you currently taking Medications?	Yes	No
If yes, list please.		
Have you ever had bisphosphonate medications?	Yes	No
Do you drink Alcoholic beverages?	Yes	No
Do you take vitamins?	Yes	No
Do you Smoke?	Yes	No
Have you had a Cardiac Event in the past 6 months?	Yes	No
Have you had any joints replaced?	Yes	No
Are you supposed to premedicate with antibiotics prior to a dental appointment?	Yes When/Dosing:	No
Is there any restrictions placed by your physician for dental care?		
Any disease/condition not listed?		
Women Only		
Are you Pregnant?	Yes	No
If so, when is the due date?	Yes	No
Are you under the care of an OB/GYN and have you received clearance for dental treatment?	Yes	No
Are you currently nursing?	Yes	No
Additional Comments		