**Shannon M. Coen DMD**

16080 N. 59th Avenue, Suite A

Glendale, AZ 85306

What is the reason for today’s visit?

When was your last dental cleaning?

**Dental History Allergies**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Antibiotics before a dental appointment | Yes | No |  | Penicillin | Yes | No |  |
| Deep cleaning | Yes | No |  | Other Antibiotics | Yes | No | If Yes, List Below |
| Braces | Yes | No |  | Latex | Yes | No |  |
| Grinding or Clenching Teeth | Yes | No |  | Codeine | Yes | No |  |
| Wearing a night guard | Yes | No |  | Pain Medicines | Yes | No | If Yes, List Below |
| TMD- Jaw Problems | Yes | No |  | Sulfa | Yes | No |  |
| Have a Denture or Partial | Yes | No |  | Other allergies | Yes | No | If Yes, List Below: |

**Other Allergies (Please list):**

**Medical History**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| High Blood Pressure | Yes | No |  | HIV or AIDS | Yes | No |
| Heart Murmur | Yes | No |  | Hepatitis B or C | Yes | No |
| Heart Pacemaker | Yes | No |  | Epilepsy or Seizures | Yes | No |
| Stroke | Yes | No |  | Psychiatric/Psychological Care | Yes | No |
| Total Joint Replacement | Yes | No |  | Anxiety or Depression | Yes | No |
| Diabetes | Yes | No |  | Liver Disease | Yes | No |
| Thyroid Problems | Yes | No |  | Kidney Disease | Yes | No |
| Asthma or Lung Disease | Yes | No |  | Pregnant (women only) | Yes | No |
| Cancer | Yes | No |  | Use Tobacco | Yes | No |
| Sinus Troubles | Yes | No |  |  |   |  |

**Other Medical Conditions (Please List):**

**Medications (Please List):**

**Signature: Date:**

**Doctor’s Signature: Date:**