2507 6th Ave South

Great Falls, MT 59405

Phone: (406) 459-3301

Dr. Heather Moore D.D.S.

www.yourgreatfallsdentist.com

homegrowndentalmt@gmail.com

**HEALTH HISTORY**

Physician’s Name Phone:

Have you had any serious illnesses or operations? Y N

If yes, please describe:

Have you ever experienced an adverse reaction during or in conjunction with a medical or dental procedure? Y N

If yes, please describe:

Have you taken any recreational drugs in the last 24 hours? Y N *(Cocaine and anesthetic combined can be fatal)*

If yes, please describe:

Are you currently under a physician’s care? Y N

If yes, please describe:

Women: Are you pregnant? Y N

Check if you have had any of the following:

* Allergies to medicine or food
* Material allergies
* Anemia
* Arthritis
* Artificial joints
* Asthma/Emphysema
* Back problems
* Blood disease
* Cancer
* Chemical dependency
* Chemotherapy
* Diabetes
* Epilepsy/Fainting
* Glaucoma
* Headaches
* Heart problems
* Hemophilia
* Herpes/HPV/Venereal disease
* Hepatitis A, B, C
* HIV/AIDS Positive
* High blood pressure
* Low blood pressure
* Kidney/Liver disease
* Psychiatric care
* Respiratory disease or shortness of breath
* Shingles
* Stomach problems
* Thyroid disease/malfunction
* Tobacco habit
* Tuberculosis
* Recent International Travel
* Other

**HEALTH HISTORY**

List medications you are currently taking, if any:

List drug allergies, if any:

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