



Canandaigua Oral Surgery, PC
 500 North Main Street
 Canandaigua, New York 14424

Nathan T Cary, DDS
 Phillip G Cary, DDS

Personal Medical and Dental History

Patient Name: _____ Date of Birth: _____ Age: _____ Male Female

Referred by: _____

Medications and Supplements: please list all medications and supplements you take:

medication/supplement	dosage	frequency	used for:

Are you allergic to any medications, foods, latex, or metals? Yes No (please list allergies below)

Please check any of the following medical conditions you have, had, or are presently treated for:

heart disease	diabetes	liver disease	depression/anxiety
heart attack	stomach ulcers/acid reflux	kidney disease	alcohol/drug abuse
heart surgery	hepatitis	organ transplant	psychiatric disorder
angina	anemia	thyroid disease	alzheimers/dementia
irregular pulse	bleeding disorder	asthma	sinus disease
pacemaker	blood thinners	emphysema/bronchitis	environmental allergies
heart murmur	seizures/epilepsy	bowel disease	hearing/speech problem
rheumatic fever	migraine	tuberculosis	autoimmune disorder
high blood pressure	sleep apnea	HIV/AIDS	glaucoma
stroke	cancer	syncope (fainting)	arthritis

Do you have any artificial joints, heart valve(s) replacement, or vascular grafts? yes no

If yes, type: _____

Have you been advised by your physician to take antibiotics prior to dental treatment? yes no

Have you ever received radiation therapy of the head or neck? yes no

Have you ever received chemotherapy? yes no

