

# Beacon Hill Dental Associates

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## MEDICAL HISTORY UPDATE

Chart#: \_\_\_\_\_  
FOR OFFICE USE ONLY

Patient Name: \_\_\_\_\_  
Last First MI Preferred Name

Title: \_\_\_\_\_ Gender:  Male  Female Family Status:  Married  Single  Child  Other  
Mr/Ms/Mrs/etc

Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_ Prev. Visit: \_\_\_\_\_

Email Address: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Mobile Work Ext Fax Other

Address: \_\_\_\_\_  
Address 1 Address 2  
City State Zip Code

Name of Insured: \_\_\_\_\_ \*  
Last First MI

Patient's relationship to insured: \*  Self  Spouse  Child  Other

Insurance Plan Name: \* \_\_\_\_\_

Have there been any changes to your medical history since your last dental visit?  Yes  No

Do you currently have or have had history of the following conditions:

- Acid Reflux Disease
- Addison's Disease
- Adrenal Insufficiency
- Amblyopia
- Anemia
- Anxiety Disorder
- Arthritis
- Autism
- Bipolar Disorder
- Body Dysmorphic Disorder (BDD)
- Brain Injury
- Bronchitis
- Cardiovascular surgery
- Cerebral palsy
- Chronic Obstructive Pulmonary Disease (COPD)
- Crohn's Disease
- Dementia
- Diabetic Ketoacidosis
- Diverticular Disease
- Duodenal Ulcers
- Dyspepsia
- E. coli Infection
- Echinococcosis
- Emphysema
- Enlarged Adenoids
- Essential Tremor
- Food Allergies
- Abdominal Aortic Aneurysm
- ADHD
- Allergic Rhinitis
- Amenorrhea
- Angina
- Arrhythmia
- Asperger Syndrome
- Back Pain
- Bladder Cancer
- Bone Cancer
- Brain Tumors
- Bursitis
- Carpal Tunnel Syndrome (CTS)
- Cervical Cancer
- Colon Cancer
- de Quervain's Tenosynovitis
- Depression
- Diabetic Neuropathy
- Down Syndrome
- Dysmenorrhea
- Dysphagia
- Ear Infections
- Eczema
- Endometrial Cancer
- Epilepsy
- Exercise-induced Bronchospasm
- Fracture
- Acute Bronchitis
- Adhesive Capsulitis
- Alzheimer's Disease
- Anaphylaxis
- Anorexia
- Arrhythmogenic Right Ventricular Dysplasia
- Asthma
- Bacterial Endocarditis
- Blood Disorder
- Brain Cancer
- Breast Cancer
- Cancer
- Celiac Disease
- Cholesterol
- Congestive Heart Failure (CHF)
- Deep Vein Thrombosis (DVT)
- Diabetes
- Diarrhea
- Drug Abuse
- Dyspareunia
- Dysthymic Disorder
- Eating Disorders
- Edema
- Endometriosis
- Esophageal Atresia
- Fibromyalgia

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Gallbladder Disease                        | <input type="checkbox"/> Gastric Cancer                                  | <input type="checkbox"/> Gastric Ulcers                     |
| <input type="checkbox"/> Gastroesophageal Reflux Disease            | <input type="checkbox"/> Gastroparesis                                   | <input type="checkbox"/> Generalized Anxiety Disorder (GAD) |
| <input type="checkbox"/> Gestational Diabetes                       | <input type="checkbox"/> Giant Cell Arteritis and Polymyalgia Rheumatica | <input type="checkbox"/> Giardiasis                         |
| <input type="checkbox"/> Glaucoma                                   | <input type="checkbox"/> Glomerulonephritis (Nephritis)                  | <input type="checkbox"/> Gluten Intolerance                 |
| <input type="checkbox"/> Gout                                       | <input type="checkbox"/> Group B Strep Infection                         | <input type="checkbox"/> Hansen's Disease                   |
| <input type="checkbox"/> Hashimoto's disease                        | <input type="checkbox"/> Hay Fever                                       | <input type="checkbox"/> Head Injuries                      |
| <input type="checkbox"/> Headaches                                  | <input type="checkbox"/> Hearing Loss                                    | <input type="checkbox"/> Heart Attack                       |
| <input type="checkbox"/> Heart Disease                              | <input type="checkbox"/> Heart Failure                                   | <input type="checkbox"/> Heart Murmurs                      |
| <input type="checkbox"/> Heart Palpitations                         | <input type="checkbox"/> Heartburn                                       | <input type="checkbox"/> Hemolytic Uremic Syndrome          |
| <input type="checkbox"/> Hemorrhoids                                | <input type="checkbox"/> Henoch-Schönlein Purpura                        | <input type="checkbox"/> Hepatitis                          |
| <input type="checkbox"/> Hepatitis A                                | <input type="checkbox"/> Hepatitis B                                     | <input type="checkbox"/> Hepatitis C                        |
| <input type="checkbox"/> Hereditary Hemochromatosis                 | <input type="checkbox"/> Herniated Discs                                 | <input type="checkbox"/> Herniated Disk                     |
| <input type="checkbox"/> Herpes                                     | <input type="checkbox"/> Herpes Zoster                                   | <input type="checkbox"/> Hiatal Hernia                      |
| <input type="checkbox"/> Hidradenitis Suppurativa                   | <input type="checkbox"/> High Cholesterol                                | <input type="checkbox"/> Hip Bursitis                       |
| <input type="checkbox"/> Hip Fractures                              | <input type="checkbox"/> Hip replacement surgery                         | <input type="checkbox"/> Hirschsprung's Disease             |
| <input type="checkbox"/> Hirsutism                                  | <input type="checkbox"/> Histoplasmosis                                  | <input type="checkbox"/> HIV/AIDS                           |
| <input type="checkbox"/> Hives                                      | <input type="checkbox"/> Hodgkin Lymphoma                                | <input type="checkbox"/> Human Papillomavirus (HPV)         |
| <input type="checkbox"/> Hypercoagulation                           | <input type="checkbox"/> Hyperglycemia                                   | <input type="checkbox"/> Hyperhidrosis                      |
| <input type="checkbox"/> Hyperkalemia                               | <input type="checkbox"/> Hyperparathyroidism                             | <input type="checkbox"/> Hypertension                       |
| <input type="checkbox"/> Hyperthyroidism                            | <input type="checkbox"/> Hypocortisolism                                 | <input type="checkbox"/> Hypopituitarism                    |
| <input type="checkbox"/> Hypothyroidism                             | <input type="checkbox"/> Idiopathic Thrombocytopenic Purpura (ITP)       | <input type="checkbox"/> Infectious Diseases                |
| <input type="checkbox"/> Infectious Mononucleosis (Glandular Fever) | <input type="checkbox"/> Inflammatory Bowel Disease (IBD)                | <input type="checkbox"/> Influenza                          |
| <input type="checkbox"/> Insomnia                                   | <input type="checkbox"/> Insulin Dependent Diabetes Mellitus (IDDM)      | <input type="checkbox"/> Interstitial Cystitis              |
| <input type="checkbox"/> Interstitial Nephritis                     | <input type="checkbox"/> Intertrigo                                      | <input type="checkbox"/> Iron Deficiency Anemia             |
| <input type="checkbox"/> Irritable Bowel Syndrome (IBS)             | <input type="checkbox"/> Joint Pain                                      | <input type="checkbox"/> Juvenile Diabetes                  |

- Kawasaki Disease
- Kidney Cysts
- Labyrinthitis
- Leukemia
- Lipomas
- Lung Cancer
- Memory Loss
- Menorrhagia
- Microscopic Hematuria
- Mononucleosis
- Multiple Sclerosis (MS)
- Nasopharyngeal Cancer
- Obesity
- Oral Herpetic Lesions
- Osteochondritis Dissecans
- Osteoporosis
- Ovarian Cyst
- Panic Disorder
- Paronychia
- Peritonsillar Abscess
- Pigmented Villonodular Synovitis
- Plantar Fasciitis
- Polycystic Kidney Disease
- Polymyalgia Rheumatica
- Prostate Cancer
- Pseudogout

- Keloids
- Kidney Diseases
- Latex Allergy
- Lichen Planus
- Liver Cancer
- Lupus
- Meniere's Disease
- Mesothelioma
- Migraines
- Multiple Myeloma
- Muscle Fatigue
- Neck Pain
- Obsessive Compulsive Disorder (OCD)
- Osgood-Schlatter Disease
- Osteomyelitis
- Osteosarcoma
- Pacemaker
- Paraphimosis
- Patellofemoral Pain Syndrome
- Pertussis
- Pilonidal Cyst
- Pneumonia
- Polycystic Ovary Syndrome
- Post Traumatic Stress Disorder (PTSD)
- Prostatitis
- Psoriasis

- Keratosis Pilaris
- Kidney Stones
- Leprosy
- Lichen Sclerosus
- Lumbar Spinal Canal Stenosis
- Lyme Disease
- Menopause
- Metabolic Syndrome
- Mitral Valve Prolapse
- Multiple Personality Disorder
- Muscle Pain
- Normocytic Anemia
- Opioid Addiction
- Osteoarthritis (OA)
- Osteopenia
- Ovarian Cancer
- Pancreatitis
- Parkinson's Disease (PD)
- Pelvic Inflammatory Disease
- Peyronie's Disease
- Pityriasis Rosea
- Polio
- Polycythemia Vera
- Premenstrual Syndrome (PMS)
- Pruritis
- Pulmonary Hypertension

- Radiation Tx
- Rheumatic Fever
- Rotator Cuff
- Seborrheic Dermatitis
- Sinus Infections
- Sleep Apnea
- Snoring
- Stomach Cancer
- Systemic Lupus Erythematosus (SLE)
- Thyroiditis
- Tonsillitis
- Toxoplasmosis
- Transient Synovitis of the Hip
- Tuberculosis (TB)

- Renal Failure
- Rheumatoid Arthritis (RA)
- Schizophrenia
- Sexually Transmitted Disease (STD)
- Skin Cancer
- Sleep Disorders
- Spinal surgery
- Strep Throat (Sore Throat)
- Thalassemia
- Tinea Infections
- Toxemia
- Tracheoesophageal Fistula
- Traumatic Brain Injury
- Tuberos Sclerosis

- Restless Legs Syndrome (RLS)
- Rosacea
- Sciatica
- Shingles
- Skin Rash
- Smallpox
- Staph Infection (MRSA)
- Syphilis
- Thyroid Nodules
- Tinnitus
- Toxic Synovitis
- Transient Ischemic Attack
- Trigeminal Neuralgia
- Ulcers

Are you currently taking any medication: ( please list name and dose)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* By checking this box, I acknowledge the information provided above is accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Response Date: \_\_\_\_\_