

**PAUL L. CAPUTO DDS**

**PATIENT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MEDICAL HISTORY**

- 1. Are you having any pain or discomfort at this time? . . . . . YES NO
- 2. Do you feel very nervous about having dentistry treatment? . . . . . YES NO
- 3. Have you ever had a bad experience in the dentistry office? . . . . . YES NO
- 4. Have you been a patient in the hospital during the past two years? . . . . . YES NO
- 5. Have you been under the care of a medical doctor during the past two years? . . . YES NO
- 6. Have you taken any medicine or drugs in the past two years? . . . . . YES NO
- 7. Are you allergic (i.e., itching, rash, swelling of hands, feet or eyes) or made sick by penicillin, aspirin, codeine or any drugs or medications? . . . . . YES NO
- 8. Have you ever had any excessive bleeding requiring special treatment? . . . . . YES NO
- 9. When you walk up stairs or take a walk, do you ever have to stop because of pain in your chest or shortness of breath, or because you are very tired? . . . . . YES NO
- 10. Do your ankles swell during the day? . . . . . YES NO
- 11. Do you use more than two pillows to sleep? . . . . . YES NO
- 12. Have you lost or gained more than 10 pounds in the last year? . . . . . YES NO
- 13. Do you ever wake up from sleep short of breath? . . . . . YES NO
- 14. Are you on a special diet? . . . . . YES NO
- 15. Has your medical doctor ever said you have a cancer or tumor? . . . . . YES NO
- 16. Have you had any recent surgeries? . . . . . YES NO
- 17. Have you had any complications resulting from a surgery? . . . . . YES NO
- 18. Do you smoke? . . . . . YES NO
- 19. WOMEN: Are you pregnant now? . . . . . YES NO  
Are you practicing birth control? . . . . . YES NO  
Do you anticipate becoming pregnant? . . . . . YES NO

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**MEDICAL HISTORY REVIEW**

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18. Circle any of the following which you have had or have at the present:

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|--------------------------|---------------------------------|--------------------------|
| Heart Failure            | Emphysema                       | AIDS                     |
| Heart Disease or Attack  | Cough                           | Hepatitis A (infectious) |
| Angina Pectoris          | Tuberculosis (TB)               | Hepatitis B (serum)      |
| High Blood Pressure      | Asthma                          | Liver Disease            |
| Heart Murmur             | Hay Fever                       | Yellow Jaundice          |
| Rheumatic Fever          | Sinus Trouble                   | Blood Transfusion        |
| Congenital Heart Lesions | Allergies or Hives              | Drug Addiction           |
| Scarlet Fever            | Diabetes                        | Hemophilia               |
| Artificial Heart Valve   | Thyroid Disease                 | Venereal Disease         |
| Bruise Easily            | Ulcers                          | (Syphilis, Gonorrhea)    |
| Heart Pacemaker          | X-Ray or Cobalt Treatment       | Cold Sores               |
| Heart Surgery            | Chemotherapy (Cancer, Leukemia) | Genital Herpes           |
| Artificial Joint         | Arthritis                       | Epilepsy or Seizures     |
| Anemia                   | Rheumatism                      | Fainting or Dizzy Spells |
| Stroke                   | Cortisone Medicine              | Nervousness              |
| Kidney Trouble           | Glaucoma                        | Psychiatric Treatment    |
| Pain in Jaw Joints       | Sickle Cell Disease             |                          |

19. Do you have any disease, condition or problem not listed? ..... YES NO

To the best of my knowledge, all of the preceding answers are true and correct. If I ever had a change in my health, or if my medicines change, I will inform the doctor of dentistry at the next appointment without fail.

I understand I remain personally responsible for the total amounts due DR. PAUL CAPUTO for his services, regardless of the existence of any private dental insurance policy. DR. CAPUTO may, at any time, demand payments from me immediately upon rendering service, or at any time thereafter at his option.

I understand that DR. CAPUTO will attach a 1 1/2% monthly interest charge on any balance which remains unpaid after thirty (30) days. I understand DR. CAPUTO may, at his option, pursue this matter into litigation and that the prevailing party will be entitled to an award of attorney's fees and court costs associated with such collection fees.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PATIENT, PARENT OR GUARDIAN