Staff Initials: _____

community health centers OF BURLINGTON

DENTAL ■ PATIENT MEDICAL HISTORY FORM

617 Riverside Avenue Burlington, VT 05401 Medical: (802) 864-6309 Fax: (802) 652-1056 Dental: (802) 652-1050 www.chcb.org

Patient Name: _____ Date of Birth: _____ Date: _____

Please answer these questions as best you can. We want to know your special needs so we can give you the best care. Please check the answer that is right for you, "Yes", "No", "DK" (Don't Know.) Your answers are confidential and for our records only. - - - - BLACK OR BLUE PEN ONLY - - - -

Medical

Yes No DK

Has there been a major change to your health within the past year? ☐ ☐ ☐

If yes, please explain: _____

Are you under the care of a physician or are you receiving ongoing medical care? ☐ ☐ ☐

Name of your physician: _____

Physician's Phone Number: _____

Date of your last medical visit: _____

Are you pregnant? ☐ ☐ ☐

If Yes, due date: _____

Do you breast feed? ☐ ☐ ☐

Do you have any artificial joints, heart valves, implants, or prosthesis? ☐ ☐ ☐

Have you ever been told you need to be pre-medicated prior to dental treatment? ☐ ☐ ☐

Have you had surgery, x-ray treatment, or chemotherapy for a tumor, growth, or other condition? ☐ ☐ ☐

If yes, please explain: _____

Dental

Yes No DK

Are you having any dental discomfort at this time? ☐ ☐ ☐

If yes, please explain: _____

Have you ever had serious trouble with previous dental work? ☐ ☐ ☐

If yes, please explain: _____

Does dental work make you nervous? ☐ ☐ ☐

Have you ever had any abnormal bleeding associated with previous extractions, surgery, or trauma? ☐ ☐ ☐

If yes, please explain: _____

Date of your last dental visit: _____

How often do you brush your teeth? _____

How often do you floss your teeth? _____

Other:

Please check the answer that is right for you, "Yes", "No", "DK" (Don't Know):

Yes No DK

Do you use tobacco? ☐ ☐ ☐ What? _____ How much_____

Do you use alcohol? ☐ ☐ ☐ What? _____ How much_____

Do you have any CURRENT/PAST history of substance abuse? ☐ ☐ ☐ If yes, please explain: _____

_____

Medications

Are you taking any prescription or over-the-counter medications? **Yes** ☐ **No** ☐ **DK** ☐

Please list all medications you are taking (Please include prescription and non-prescription medications):

	Medication:	Dosage:	How Often Taken:	Reason for Medication:
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Allergies

Are you allergic to anything? **Yes** ☐ **No** ☐ **DK** ☐

Please list all allergies including reaction:

	Allergy to:	Reaction:
1.		
2.		
3.		
4.		

Somali

Xarf. Hore Magacyada Hawlwadeenada.: _____

community health centers OF BURLINGTON

ILKAHA ■ FOOMKA TAARIIKHDA CAAFIMAADKA BUKAANKA

617 Riverside Avenue Burlington, VT 05401 Caafimaadka: (802) 864-6309 Fakis: (802) 652-1056 Ilkaha: (802) 652-1050 www.chcb.org

Magaca Bukaanka: _____ Taariikhda Dhalashada: _____ Taariikhda: _____

Fadlan uga jawaab su'aalahan sida ugu fiican ee suurogal ah. Waxaanu rabnaa inaanu ogaano baahiyahaaga gaarka ah si aanu kuu siin karno daryeelka ugu fiican. Fadlan sax jawaabta kugu saxsan, "Haa", "Maya", "GM" (Garan Maayo.) Jawaabahaagu waa qarsoodi waxaana loogu talogalay diiwaanadaada oo kaliya. - - - - QALIN MADOW AMA BULUUG AH OO KALIYA - - - -

Caafimaadka

	Haa	Maya	GM
Ma jiray isbeddel wayn caafimaadkaaga sannadkii hore?	☐	☐	☐
Hadday haa tahay, fadlan sharrax: _____			
Ma waxad kujirtaa daryeelka dhakhtar ama ma waxad helaysaa daryeel caafimaad oo socda?	☐	☐	☐
Magaca dhakhtarka: _____			
Lambarka Taleefanka Dhakhtarka: _____			
Taariikhda booqashadaadii caafimaad ee u dambaysay: _____			
Ma uur ayaad leedahay?	☐	☐	☐
Hadday haa tahay, taariikhda uu ku eg yahay: _____			
Naaska ma nuujisaa?	☐	☐	☐
Ma leedahay kala-goysyo, dhegyarooyinka wadnaha, wax lagugu rakiay, ama xubno lagugu beeray oo macmal ah?	☐	☐	☐
Waligaa ma laguu sheegay inaad u baahan tahay in lagu suuxiyo kahor daawaynta ilkaha?	☐	☐	☐
Ma martay qalliin, daawayn raajo, kemoterabi buro, korriin, ama xaalad kale?	☐	☐	☐
Hadday haa tahay, fadlan sharrax: _____			

Ilkaha

	Haa	Maya	GM
Ma ku hayaa xanuun ilkeed wakhtigan?	☐	☐	☐
Hadday haa tahay, fadlan sharrax: _____			
Waligaa dhibaato halis ah ma kala kulanta daawayn ilkeed oo hore?	☐	☐	☐
Hadday haa tahay, fadlan sharrax: _____			
Daawaynta ilkeed ma kugu keentaa inaad ka cabsato?	☐	☐	☐
Waligaa ma yeelatay dhiig-bax aan caadi ahayn oo ku yimi saaris, qalliin, ama jug?	☐	☐	☐
Hadday haa tahay, fadlan sharrax: _____			
Taariikhda booqashadaadii ilkeed ee u dambaysay: _____			
Meeqa jeer ayaad cadaydaa ilkahaaga? _____			
Meeqa jeer ayaad dun-sarriig ku samaysaa ilkahaaga? _____			

Wax kale:

Fadlan sax saar jawaabta kugu saxsan, "Haa", "Maya", "GM" (Garan Maayo):

	Haa	Maya	GM	
Tubaakada ma isticmaashaa?	☐	☐	☐	Maxay? _____ Imisa _____
Khamrada ma isticmaashaa?	☐	☐	☐	Maxay? _____ Imisa _____
Ma leedahay taariikh HADDA/HORE isticmaalka daroogada?	☐	☐	☐	Hadday haa tahay, fadlan sharrax: _____

Daawooyinka

Ma qaadataa daawada dhakhtarku qoro ama kuwa la iska gato bilaa dhakhtar? **Haa** ☐ **Maya** ☐ **GM** ☐

Fadlan tax dhammaan daawooyinka aad qaadanayso (Fadlan ku dar daawooyinka dhakhtark qoro iyo kuwa kaleba):

Daawada: Marqaadashada: Meeqa Jeer la Qaato: Sababta Daawada (loo qaadanayo):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Xasaasiyadaha

Ma jiraan wax aad xasaasiyad ka qaaddo? **Haa** ☐ **Maya** ☐ **GM** ☐

Fadlan tax xasaasiyadaha oo dhan oo uu kujiro falcelintu:

Xasaasiyad ka qaada: Falcelinta:

1. _____
2. _____
3. _____
4. _____

Patient Name: _____ Date of Birth: _____ Date: _____

community health centers OF BURLINGTON

DENTAL ■ PATIENT MEDICAL HISTORY FORM

Medical Information:

Please check the answer that is right for you, "Yes", "No", "DK" (Don't Know).

Heart and Circulatory Problems

	Yes	No	DK
Heart Attack	☐	☐	☐
If yes, when _____			
High Blood Pressure	☐	☐	☐
Chest Pain (Angina)	☐	☐	☐
Heart Murmurs	☐	☐	☐
Artifical Valves	☐	☐	☐
Other Heart Problems	☐	☐	☐

Comments _____

	Yes	No	DK
Diabetes - Type I	☐	☐	☐
Diabetes - Type II	☐	☐	☐
Thyroid Problems	☐	☐	☐
Other Gland Problems	☐	☐	☐

Comments _____

Breathing/Lung Problems

	Yes	No	DK
Hay Fever	☐	☐	☐
Shortness of Breath	☐	☐	☐
Persistent Cough	☐	☐	☐
Positive Test/Treatment for Tuberculosis	☐	☐	☐
Seasonal Allergies	☐	☐	☐
Asthma	☐	☐	☐
Emphysema	☐	☐	☐
Coughing up Blood	☐	☐	☐

Comments _____

Skin Problems

	Yes	No	DK
Rashes	☐	☐	☐
Mole Changes	☐	☐	☐

Comments _____

Stomach Problems

	Yes	No	DK
Stomach Pain	☐	☐	☐
Heartburn	☐	☐	☐
History of Ulcers	☐	☐	☐
Colitis	☐	☐	☐

Comments _____

Mental Health Problems

	Yes	No	DK
Depression	☐	☐	☐
Anxiety	☐	☐	☐
History of Psychiatric Medications	☐	☐	☐

Comments _____

Muscle and Bone Problems

	Yes	No	DK
Joint/Back Pain	☐	☐	☐
History of Broken Bones	☐	☐	☐
Joint Swelling	☐	☐	☐
Arthritis	☐	☐	☐

Comments _____

Liver

	Yes	No	DK
Hepatitis A, B, or C	☐	☐	☐
Alcoholic Liver Disease	☐	☐	☐
Other Liver Disease	☐	☐	☐
Jaundice	☐	☐	☐

Comments _____

Neurologic Problems

	Yes	No	DK
Epilepsy/Seizures	☐	☐	☐
Chronic Headaches	☐	☐	☐
History of Head Injury	☐	☐	☐
Numbness of Arms, Legs, Hands or Feet	☐	☐	☐
History of Stroke	☐	☐	☐
If yes, when _____			
Fainting Spells	☐	☐	☐

Comments _____

Blood Problems

	Yes	No	DK
Bleeding Problems	☐	☐	☐
Anemia	☐	☐	☐
Hemophilia	☐	☐	☐
Are you taking blood thinners?	☐	☐	☐
If yes, recent INR level _____			

Comments _____

Other

	Yes	No	DK
Domestic Abuse	☐	☐	☐
Immune System Disorders	☐	☐	☐
Venereal Disease	☐	☐	☐
AIDS/HIV	☐	☐	☐
Kidney or Bladder Problems	☐	☐	☐
Frequent Urinary Tract Infections	☐	☐	☐

Comments _____

Do you have any other disease, condition or problem not listed?.. ☐ ☐ ☐

If Yes, please explain _____

_____

I understand that, to the best of my knowledge, all of the proceeding answers are true and correct. If I ever have any change in my health or medications, I will inform my health care provider immediately. I hereby give my consent to treatment for myself, or the named patient (of whom I am the parent, legal guardian, or foster parent) to the Community Health Centers of Burlington.

We set aside time just for you. If you're running late or must change an appointment, please call us as soon as possible. Arriving late may require your provider to reschedule your visit to allow enough time for your care. If you miss an appointment, you may have to wait for another opening. If you miss two appointments, you may be only able to make same-day appointments. By calling us when you are unable to make your scheduled appointment, we are able to see other patients waiting for an appointment. These rules are firm so that we can serve everyone in need of care.

Signature of Patient or Guardian Date

Signature of Hygienist ☐ Not Applicable

Signature of Dentist Date ☐ Supervising ☐ Treating

Magaca Bukaanka:_____ Taariikhda Dhalashada: _____ Taariikhda: _____

community health centers OF BURLINGTON

ILKAHA ■ FOOMKA TAARIIKHDA CAAFIMAADKA BUKAANKA

Macluumaadka Caafimaad:

Fadlan Sax saar jawaabta kugu sax saar jawaabta kugu saxsan, "Haa", "Maya", "GM" (Garan Maayo.)

Dhibaatooyinka Wadnaha iyo Dhiig-wareegga

	Haa	Maya	GM
Wadne Istaag	☐	☐	☐
Haddii ay tahay, goorma _____			
Cadaadis Dhiig Sare	☐	☐	☐
Laab Xanuun (Angina)	☐	☐	☐
Cod Hoose oo Wadnuhu Sameeyo	☐	☐	☐
Dhegyarooyin Macmal ah	☐	☐	☐
Dhibaatooyin Caafimaad oo Kale	☐	☐	☐

Faallooyin_____

	Haa	Maya	GM
Sonkorow - Nooca I	☐	☐	☐
Sonkorow - Nooca II	☐	☐	☐
Dhibaatooyin Qanjidhka Tayroodhka	☐	☐	☐
Dhibaatooyin Kale oo Qanjidh	☐	☐	☐

Faallooyin_____

Dhibaatooyinka Neefsiga/Sambabada

	Haa	Maya	GM
Sanboor	☐	☐	☐
Neef Qabatin	☐	☐	☐
Qufaca Joogto ah	☐	☐	☐
Qaba/Laga Daaweeyo Qaaxo	☐	☐	☐
Xasaasiyadaha Xilliyeed	☐	☐	☐
Xiiq	☐	☐	☐
Imfasiima	☐	☐	☐
Dhiig Qufacid	☐	☐	☐

Faallooyin_____

Dhibaatooyinka Maqaarka

	Haa	Maya	GM
Finan	☐	☐	☐
Isbeddel Bar	☐	☐	☐

Faallooyin_____

Dhibaatooyinka Caloosha

	Haa	Maya	GM
Calool Xanuun	☐	☐	☐
Laab-dillaac	☐	☐	☐
Taariikh Nabarro Caloosha ah	☐	☐	☐
Caabuq Mindhicirka Wayn	☐	☐	☐

Faallooyin _____

Dhibaatooyinka Caafimaadka Maskaxda

	Haa	Maya	GM
Niyadjab	☐	☐	☐
Walaac	☐	☐	☐
Taariikh Daawayn Waalli	☐	☐	☐

Faallooyin _____

Dhibaatooyinka Muruqa iyo Lafta

	Haa	Maya	GM
Xanuun Kala-goyska/Dhabarka	☐	☐	☐
Taariikh Lafo Jabay	☐	☐	☐
Barar Kala-goyska	☐	☐	☐
Roomatisam	☐	☐	☐

Faallooyin _____

Liver

	Haa	Maya	GM
Cagaarshow A, B, ama C	☐	☐	☐
Cudurka Beerka ee Khamrada	☐	☐	☐
Cudur Kale oo Beer	☐	☐	☐
Joonis	☐	☐	☐

Faallooyin _____

Dhibaatooyinka Dareen-wadka

	Haa	Maya	GM
Suuxdimo	☐	☐	☐
Madaxanuun Jiitama	☐	☐	☐
Taariikh Dhaawac Madaxa ah	☐	☐	☐
Kabuubyo Gacmaha, Lugaha iyo Cagaha	☐	☐	☐
Taariikh Faalij	☐	☐	☐
Hadday haa tahay, goorma _____			
Miyirbeel Kooban	☐	☐	☐

Faallooyin _____

Dhibaatooyinka Dhiigga

	Haa	Maya	GM
Dhibaatooyin Dhiig-bax	☐	☐	☐
Dhiig-yaraan	☐	☐	☐
Xinjirow Yaraan	☐	☐	☐
Ma waxad qaadataa dhiig khafiifiyayaal?	☐	☐	☐

Hadday haa tahay, heerka INR ee dhawaa _____

Faallooyin _____

Wax Kale

	Haa	Maya	GM
Gabboodfal Guri	☐	☐	☐
Khalkal Habdhiska Difaaca	☐	☐	☐
Cudurka Galmada	☐	☐	☐
AIDS/HIV	☐	☐	☐
Dhibaatada Kelyaha Kaadi-haysta	☐	☐	☐
Infakshano Kaadi Mareen oo Soo Noqnoqda	☐	☐	☐

Faallooyin

Ma qabtaa cudur, xaalad ama dhibaato kale oo aan la xusin?	☐	☐	☐

Hadday haa tahay, fadlan sharrax _____

Waan fahamsanahay, inta awooddayda ah, in jawaabaha hore oo dhan ay dhab iyo sax yihiin. Haddii mar uun wax isbeddel ah ku yimaado caafimaadkayga ama daawooyinkayga, Waxaan ku wargelin doonaa bixiyaha daryeelka caafimaadkayga isla markaaba. Waxaan oggolaanshahayga siinayaa daawaynta aniga, ama bukaanka la xusay (ee aan ahay waalidkii, masuulkiisa sharciga ah, ama waalidka xannaaneeya) Xarumaha Caafimaadka Bulshada Burlington.

Wakhti ayaan adiga oo kaliya kuu qoondaynay. Haddii aad xilli dambe socota ama ay khasab tahay inaad beddesho ballan, fadlan sida ugu dhakhsaha badan noo soo wac. Imaanshaha xilli dambe waxa dhici karta bixiyahaagu inuu u baahdo inuu dib-u-muddeeeyo booqashadaada si uu wakhti ku filan ugu helo daryeelkaaga. Haddii aad ballan goyso, waxa dhici karta inay noqoto inaad sugto furitaan kale. Haddii aad goyso laba ballamood, waxa dhici karta oo kaliya inaad awooddo inaad qabsato ballamo isla maalintaas ah. Xeerarkan waa adag yihiin si aanu ugu adeegi karno qof kasta oo u baahan daryeel.

Saxeexa Bukaanka ama Masuulka Taariikhda Saxeexa Xeeldheeraha Nadaafadda Saxeexa Dhakhtarka Ilkaha Taariikhda

☐ Aan Khusayn ☐ Horjoogid ☐ Daawayn

Dib loo eegay Jeeniwari 2013 CRD