

**Kona Ohana Dental, Inc.**  
**Confidential Medical History Update**

Patient Name \_\_\_\_\_

1. Are you currently seeing a physician?                      Yes                      No  
    If yes, what for? \_\_\_\_\_
2. Are you taking any tablets, medicine, pills,  
    recreational drugs, supplements, shots?                      Yes                      No

Name of medication:                      Condition taken for                      Name of medication                      Condition taken for

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever taken the drug Phen/Fen (Redux, Pondimin)?                      Yes                      No
4. Any surgical procedures/hospital visits within the last year?                      Yes                      No
5. *Women Only:*                      Are you pregnant?                      Yes                      No
6. Any dental problems you are aware of?                      Yes                      No
7. Do you clench or grind your teeth?                      Yes                      No
8. Does your jaw click or pop?                      Yes                      No
9. Have you experienced any pain or soreness in the muscles of your face or around your ear?                      Yes                      No
10. Do you have frequent headaches, neck aches or shoulder aches?                      Yes                      No
11. Does food get caught in your teeth?                      Yes                      No
12. Are any of your teeth sensitive to: ( ) Hot    ( ) Cold    ( ) Sweets    ( ) Pressure
13. Do your gums bleed or hurt/ \_\_\_\_\_ When? \_\_\_\_\_                      Yes                      No
14. How often do you brush your teeth? \_\_\_\_\_ When? \_\_\_\_\_
15. Do you use dental floss?                      When? \_\_\_\_\_                      Yes                      No
16. Are any of your teeth loose, tipped, shifted or chipped?                      Yes                      No
17. Are you unhappy with the appearance of your teeth?                      Yes                      No
18. Do you have any questions or concerns?                      Yes                      No

**Fluoride Varnish**

We are able to provide you with a prescription strength fluoride, here at our office. This fluoride is uniquely effective because it penetrates deep into the surface of the teeth. This creates a broader layer of decay-resistant tooth structure, and decreases exposed root surface sensitivity. It also decreases decay by over 60%.

Adults with gum line recession, a decreased salivary flow rate (from medications, medical conditions, or radiation) and those with diets involving frequent “sugar” intake “sipping or snacking” (e.g. beverages, breath mints, cough candies etc.) are at a higher risk for sensitivity and decay.

This is not covered by insurance and is \$35.00.

***Would you like prescription fluoride varnish at the end of your visit?***

Yes (I would like to benefit from a                      No (Not at this time)  
    Prescription strength fluoride)

**I certify that this is an accurate and complete update of my medical history.**

Patient's  
Signature \_\_\_\_\_ Date \_\_\_\_\_