Southwest Iowa Dental Associates
1213 W Nishna Rd * Shenandoah, IA 51601 * (712) 246-2180
Carla D. Kucirek, DDS
Amanda M. Schneider, DDS

PATIENT NAME _____ Date of Birth ___/___/____

YES / NO Do you take an ANTIBIOTIC PRE-MEDICATION before dental cleanings?
YES / NO Do you take a BLOOD THINNER? (Coumadin, Plavix, Xarelto, Elaquis, other)
YES / NO Have you ever taken any BISPHOPHONATES? (Fosamax, Zometa, Prolia, other)
YES / NO Female patients: Are you NURSING or PREGNANT now? Due date: ____/_____

Please mark your ALLERGIES: ☐ Penicillin ☐ Sulfa ☐ Clindamycin ☐ Codeine
☐ None ☐ Medication: _____ ☐ Other: _____

Please mark your current MEDICAL CONDITIONS:

☐ AIDS / HIV	☐ Endocarditis	☐ Pacemaker
☐ Arthritis	☐ Epilepsy	☐ Parkinson's / MS
☐ Artificial Joints	☐ Glaucoma	☐ Sinus Problems
☐ Artificial Heart Valve	☐ Head Injuries	☐ STI / STD
☐ Asthma	☐ Heart Attack: ___/____	☐ Stroke: ___/_____
☐ Cancer: ___/_____	☐ Heart Defect / Murmur	☐ Thyroid Problems
☐ Cold Sores	☐ Hepatitis- B / C	☐ Tobacco use
☐ COPD / Emphysema	☐ High Blood Pressure	☐ Tuberculosis (TB)
☐ Diabetes -Type I / II	☐ Kidney Disease	☐ Ulcers / Reflux
☐ Drug use-past / present	☐ Liver Disease	☐ Other: _____

Please complete the SLEEP SCREENING:

YES / NO	Do you use or have you ever used a CPAP?	YES / NO	Do you snore?
YES / NO	Are you unable to sleep on your back?	YES / NO	Do you grind your teeth?
YES / NO	Do you wake up with headaches often?	YES / NO	Do you wake up tired often?
YES / NO	Has a doctor ever mentioned a sleep test?	YES / NO	Do you have restless sleep?
YES / NO	Do you think you may have Sleep Apnea?	YES / NO	I think I may need a sleep appliance.

Please LIST or provide a list of MEDICATIONS: _____ _____
_____ _____ _____ _____

Name of PHYSICIAN / SPECIALTY DOCTORS _____
Name of MEDICAL CLINIC _____

I may be INTERESTED in: ☐ Braces/Clear Aligners ☐ Bleaching ☐ Implants ☐ Sleep Study
☐ Athletic/Night Guard ☐ Veneers/Crowns/Bridges ☐ Dentures/Partials ☐ Membership Plan

I acknowledge that I have completed this form with accuracy.

SIGNATURE _____ DATE ___ /___/_____