



100 Waterloo Road -- Timmins, Ontario P4N 4X5 – Telephone (705) 267-1020 – Fax (705) 268-8350

**PERIODONTIST MEDICAL HISTORY QUESTIONNAIRE**

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

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1. Do you take any medications? \_\_ Yes \_\_ No

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

2. Do you smoke, vape, or chew tobacco? \_\_ Yes \_\_ No

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

3. Do you have any allergies? \_\_ Yes \_\_ No

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

4. Are you pregnant or breastfeeding? \_\_ Yes \_\_ No

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

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT:

PATIENT/PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_