UNIVERSITY OF WASHINGTON

DECOD Website: https://dental.washington.edu/decod/

SCHOOL OF DENTISTRY
DECOD Dental Clinic
PHONE #: (206) 543-4619
FAX #: (206) 221-5276
EMAIL: decod@uw.edu

Health Questionnaire

Patient Name: _____ Date of Birth: _____

Date Form Filled Out: _____ Height: _____ Weight: _____

Have you had any of the following?

Yes ○ No ○ Surgery, serious illness, or hospitalization? Please specify: _____

_____

_____

Yes ○ No ○ Radiation or Chemotherapy? Please specify: _____

_____

_____

Are you allergic to any medications, foods, or other substances?

Yes ○ No ○ If yes, please specify: _____

_____

Are you taking or have you taken the following?

Yes ○ No ○ ***Steroid Medications?*** Please specify: _____

_____

_____

Yes ○ No ○ ***Oral bisphosphonates?***

Fosamax/Alendronate Didronel/Etidronate Boniva/Ibandronate

Actonel/Risdeonate Skelid/Tiludronate Other _____

Yes ○ No ○ ***IV bisphosphonates?***

Bonefos/Clodronate Aredia/Pamidronate Reclast/Zoledronic Acid

Zometa/Zoledronic Acid Other _____

Yes ○ No ○ ***Other Antiresorptive Bone Medications***

Denosumab/Prolia/Xgeva Other _____

Yes ○ No ○ ***Blood thinners?***

Coumadin/Warfarin Plavix/Clopidogrel bisulfate Other _____

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Health Questionnaire

Patient Name: _____ Date of Birth: _____

Do you have any of the following diseases, problems, or symptoms? Check all that apply.

Developmental or Intellectual Disability
- ☐ Intellectual disability
- ☐ Down syndrome
- ☐ Cerebral palsy
- ☐ Autism / ASD
- ☐ *Other syndrome:* _____
- ☐ *Other developmental disability:* _____

Neurological or Nerve Problems
- ☐ Seizure / Epilepsy (describe): _____ _____
- ☐ Dementia
- ☐ Stroke or TIA
- ☐ Multiple sclerosis
- ☐ ALS
- ☐ Traumatic brain injury
- ☐ Parkinson's disease

Mental Health Condition
- ☐ Depression
- ☐ Bipolar disorder
- ☐ Anxiety
- ☐ Obsessive Compulsive Disorder
- ☐ PTSD
- ☐ ADD / ADHD
- ☐ Schizophrenia
- ☐ Anorexia
- ☐ Bullimia
- ☐ Pica
- ☐ Other _____

Vision, Hearing, Skin Conditions
- ☐ Blind
- ☐ Vision impairment
- ☐ Deaf
- ☐ Hearing loss
- ☐ Psioriasis
- ☐ Other _____

Respiratory / Lung Problem
- ☐ Aspiration Risk _____ _____
- ☐ Asthma
- ☐ Emphysema / COPD
- ☐ Recurrent pneumonia
- ☐ Sleep apnea
- ☐ Snoring
- ☐ Other _____ _____

Heart / Blood Pressure
- ☐ High blood pressure
- ☐ Heart murmur
- ☐ Artificial heart valves
- ☐ History of heart surgery
- ☐ Heart attack
- ☐ Other _____ _____

Diabetes / Endocrine Condition
- ☐ Type 1 Diabetes
- ☐ Type 2 Diabetes
- ☐ Hypothyroidism
- ☐ Hormone replacement
- ☐ Other thyroid disorders _____
- ☐ Other _____

Muscle, Bone, Connective Tissue
- ☐ Arthritis
- ☐ Osteoporosis
- ☐ Taking bisphosphonates _____
- ☐ Other _____

Women Only
- ☐ Are you pregnant?
- ☐ Are you trying to become pregnant?
- ☐ Are you nursing?

Blood / Hematologic & Cancer
- ☐ Anemia
- ☐ Bleeding disorder
- ☐ Sickle cell trait
- ☐ Sickle cell disease
- ☐ Deep vein thrombosis
- ☐ Cancer
- ☐ Leukemia
- ☐ Lymphoma
- ☐ Multiple myeloma
- ☐ Other _____

Immune & Infectious
- ☐ Immunocompromised
- ☐ HIV
- ☐ AIDS
- ☐ Hepatitis _____
- ☐ MRSA
- ☐ Cold sores
- ☐ Other _____

Gastrointestinal & Kidney
- ☐ Heartburn/reflux
- ☐ GERD
- ☐ Chronic constipation
- ☐ Liver cirrhosis
- ☐ Chronic Hepatitis
- ☐ Renal failure
- ☐ Renal insufficiency
- ☐ Dialysis
- ☐ Other _____

Smoking, Alcohol, Drugs
- ☐ Do you smoke?
- ☐ Do you drink?
- ☐ Do you use drugs for recreational purposes?
- ☐ Do you have problems with alcohol or alcoholism?
- ☐ Do you/Have you used cocaine?
- ☐ Marijuana
- ☐ Methamphetamine
- ☐ Other _____