 MEDICAL HISTORY Level 2PAGE 1 of 2

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REVISED MARCH 24, 2021

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

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| --- | --- | --- | --- |
| **Senses**  | **YES** | **NO** | **DK** |
| Eyes (Glaucoma / Swelling) |  |  |  |
| Ears (Tinnitus/hearing loss) |  |  |  |
| Nose (loss of smell) |  |  |  |
| Tongue (loss of taste) |  |  |  |

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| --- | --- | --- | --- |
| **Immunological** |  **YES** | **NO** |  **DK** |
| Immunosuppression |  |  |  |
| Steroid Therapy |  |  |  |
| Recent Vaccine (within 6 months) |  |  |  |
| Lymph Disorders |  |  |  |
| Swollen Glands |  |  |  |
| Lymphoma |  |  |  |
| Xerostomia (dry mouth) |  |  |  |
| **Immune System Activation**Sensitivity to chemicals odors |  |
|  |  |  |
| Reactivity (low tolerance) |  |  |  |
| Mast Cell / Fibroblast Activation |  |  |  |
| Histamine Disorder |  |  |  |
| **Allergies**Medications (Antibiotics, Codeine) |  |
|  |  |  |
| Dental (Anesthetics) |  |  |  |
| Foods (nuts, dairy, grains, shellfish) |  |  |  |
| Inhalants (perfume, gas smell) |  |  |  |
| Contactants (latex, acrylic) |  |  |  |
| **Intolerances**Titanium |  |
|  |  |  |
| Mercury |  |  |  |
| Fluorides |  |  |  |
| Nickel (can’t wear jewelry) |  |  |  |
| **Autoimmune Disorder (elevated ANA)**Anemia (Hemolytic / Pernicious) |  |
|  |  |  |
| Asthma |  |  |  |
| Blood Cell (Thrombocytopenia / Neutropenia) |  |  |  |
| Diabetes (IDD/Juvenile) or II (Adult Onset) |  |  |  |
| Fibromyalgia |  |  |  |
| Grave’s / Hashimoto’s |  |  |  |
| Lupus |  |  |  |
| Meniere’s |  |  |  |
| Osteosclerosis |  |  |  |
| Rheumatoid Arthritis |  |  |  |
| Scleroderma |  |  |  |
| Sjogren’s |  |  |   |
| **Endocrine Disorders** | **YES** | **NO** | **DK** |
| Insomnia |  |  |  |
| Hypothyroid |  |  |  |
| Hashimoto’s Thyroiditis |  |  |  |
| Graves Disease |  |  |  |
| Parathyroid problems |  |  |  |
| Adrenal Fatigue CFS |  |  |  |
| Elevated Cortisol Levels |  |  |  |
| Males 🞏 Testes / Prostate problems |  |  |  |
| Females🞏 Irregular/painful cycles 🞏 Fibrocystic Disease 🞏 Ovarian Cysts 🞏 Uterine or cervix problems 🞏 Breasts – cysts/pain |  |
|  |  |  |
|  |  |  |
| **Blood-clotting Disorders** |  **YES** |  **NO** | **DK** |
| Anemia |  |  |  |
| Hemophilia |  |  |  |
| Blood Transfusion (recent) |  |  |  |
| Clotting Medications |  |  |  |

**Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Complete this form if any of the following apply**

* **History of cancer therapy or hospitalization (other than pregnancy)**
* **Under the care of a medical doctor and on multiple medications prescribed by the MD**
* **Medical Disease, conditions or systemic symptoms**

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| --- | --- | --- | --- |
| **Structural** (DK = Don’t Know) (Check all boxes that apply) |  **YES** | **NO** |  **DK** |
| **Do you see a practitioner for chronic pain** or problems involving bones, joint, muscles?**PRACTITIONER** > 🞏 DC 🞏 DO 🞏 PT 🞏 LMT 🞏 CST other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |
| **Do you suffer from chronic pain?**WHERE > 🞏 TM Joints 🞏 Neck 🞏 Shoulder 🞏 Back other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |
| Do you suffer from headaches? WHAT TYPE >  |  |  |  |
| **Do you have bad posture?****CONDITIONS** >  🞏 Myofascial (muscle) trigger points 🞏 Fibromyalgia🞏 Sciatica 🞏 Severe muscle cramping |  |  |  |
|  |
| **Gastrointestinal** | **YES** | **NO** | **DK** |
| **Impaired Dietary Intake**🞏 Anorexia 🞏 Bulimia 🞏 Cancer 🞏 Chronic Alcoholism🞏 Depression 🞏 Social Isolation 🞏 Substance Abuse |  |  |  |
|  |
| **Maldigestion**🞏 GERD 🞏 Esophageal Reflux 🞏 Ulcers (H. pylori)🞏 Cholestasis 🞏 Pancreatitis 🞏 Cystic Fibrosis |  |  |  |
|  |
| **Malabsorption**🞏 Leaky Gut (intestinal permeability) 🞏 Celiac🞏 SIBO (SI bowel overgrowth) 🞏 GI Lymphoma🞏 Tropical Sprue 🞏 Whipple’s |  |  |  |
|  |
| **Impaired Metabolism**🞏 AIDS 🞏 Cancer 🞏 Steroid Use 🞏 Diabetes🞏 Chronic Liver or Kidney Disease |  |  |  |
|   |
| **Nutrient Loss (Excretion)**🞏 Inflammatory Bowel Disease (protein loss)🞏 Diarrhea (zinc, magnesium) 🞏 Diabetes (glycosuria)🞏 Ulcerative Colitis 🞏 Sluggish Bowel (chronic constipation)🞏 C. difficile Infections (watery stools following antibiotic use)  |  |  |  |
|  |
| **Conditions Causing Increased Nutrient Needs**🞏 Chronic Inflammatory Diseases (Heart, Lung, Pancreas, Liver, Kidney)🞏 Hyperthyroidism🞏 Chronic Infections (Lyme, Staph, EBV, CoVid, etc)🞏 Recent Surgery, Trauma or Burns |  |  |  |
|  |
| **Chronic Infections** | **YES** | **NO** | **DK** |
| **Viral**Frequent fever blisters in the mouth |  |
|  |  |  |
| Urticaria (hives) 🞏 Acute 🞏 Chronic |  |  |  |
| Herpes Family (HV)🞏 Herpes Simplex (HV-I/II) 🞏 Cytomegalovirus 🞏 Epstein-Barr |  |  |  |
| Hepatitis |  |  |  |
| AIDS / HIV |  |  |  |
| CoVid-19 (Coronavirus) |  |  |  |
| **Bacterial**Strep Family 🞏 S. mutans 🞏 S. faecalis |  |
|  |  |  |
| Staph Family 🞏 S. aureus/MRSA 🞏 Clostridium (C. difficile) 🞏 C. botulinum (food poisoning) |  |  |  |
| **Fungal / Mold / Yeast**🞏 Candida (Yeast) 🞏 Aspergillus/other 🞏 Molds/Mycotoxins |  |  |  |
| **Lyme / Intracellular Parasites****Tick-borne Diseases**🞏 Borrelia (Lyme Disease) 🞏 Babesia 🞏 Bartonella 🞏 Ehrlichiosis (Human Granulocytic Anaplasmosis)🞏 Mycoplasma 🞏 Rocky Mountain Spotted Fever |  |  |  |
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| **Kidney/ DU Diseases** | **YES** | **NO** | **DK** |
| Strep or other infection |  |  |  |
| Kidney Stones |  |  |  |
| Gout |  |  |  |
| Dialysis |  |  |  |
| Lupus |  |  |  |
| Medications |  |  |  |
| Nephrotoxins🞏 Heavy Metals 🞏 Glycols 🞏 Solvents 🞏 Pesticides 🞏 Aniline |  |  |  |
| Elevated kidney biomarkers  |  |  |  |
| Enlarged or Infected Prostate |  |  |  |
| Obstetric or Gynecological Complications (female)🞏 Frequent UTIs 🞏 Pregnancy 🞏 Pregnancy Hormone Therapy🞏 Birth Control Pills 🞏 Hormone Replacement Therapy |  |  |  |
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| **Pulmonary (Lung) Disease** |  **YES** |  **NO** | **DK** |
| Asthma |  |  |  |
| Bronchitis |  |  |  |
| Pneumonia (“walking”) |  |  |  |
| Chronic Obstructive (COPD) |  |  |  |
| **Pulmonary Symptoms**Sinusitis🞏 Chronic (long-term) 🞏 Acute (infections) 🞏 Post-nasal Drip |  |  |  |
|  |
| Tonsils and Adenoids🞏 Acute (infected) 🞏 Chronic (inflamed) |  |  |  |
|  |
| Asthmatic Attacks🞏 Bronchodilator Use 🞏 Steroid UseFrequency of attacks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |
| Coughing🞏 History of Smoking 🞏 Occasional Dry Cough🞏 Constant Dry Cough |  |  |  |
|  |
| Mucus Build-up in Lungs🞏 Gray and watery sputum (mix of mucus and saliva)🞏 Green-yellow, thick sputum |  |  |  |
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| **Pancreatic Disease** | **YES** | **NO** | **DK** |
| Diabetes Type 1 (insulin) |  |  |  |
| Diabetes Type II (diet or medication controlled) |  |  |  |
| Pancreatitis |  |  |  |
| **Pancreas Symptoms**Hypoglycemia (thyroid, drop in concentration, hunger between meals) |   |  |  |
|  |
| Hyperglycemia (sugar “rush” after eating desserts or carbohydrates) |  |  |  |
| Frequent Thirst |  |  |  |
| Frequent Urination (up to once per hour) |  |  |  |
| Tingling Sensations in the hands and feet |  |  |  |
| Leg Cramps |  |  |  |
| Blurred Vision |  |  |  |
| Unexplained Weight Changes🞏 Rapid weight gain 🞏 Rapid weight loss |  |  |  |
| **Bone and Joint Disease**  | **YES** | **NO** |  **DK** |
| Osteoporosis |  |  |  |
| Osteopenia |  |  |  |
| Osteomyelitis / Osteonecrosis |  |  |  |
| Arthritis |  |  |  |
| Bone Marrow Suppression |  |  |  |
| **Bone and Joint Symptoms**History of Bone Fracture |  |
|  |  |  |
| Osteoporosis🞏 Family History 🞏 Calcium/Mineral Supplements 🞏 Medication🞏 Consumption of acid beverages (coffee, alcohol, sodas, teas) |  |  |  |
|  |
| Osteoarthritis🞏 Joint pain, stiffness or swelling 🞏 Cartilage problems🞏 Medication – Aspirin, NSAIDS, cox-inhibitors, steroids |  |  |  |
|  |
| Rheumatoid Arthritis🞏 Swollen, painful and inflamed joints not relieved with meds🞏 Joint symptoms with fever, fatigue, appetite loss, weight loss |  |  |  |
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| **Cardiovascular Disease** |  **YES** |  **NO** | **DK** |
| Arteriosclerosis |  |  |  |
| Angina |  |  |  |
| Congestive Heart Disease |  |  |  |
| Damaged Heart Valves |  |  |  |
| Heart Attack / MI |  |  |  |
| Heart Murmur |  |  |  |
| High / Low Blood Pressure |  |  |  |
| Congenital Heart Defect |  |  |  |
| Mitral Valve Prolapse |  |  |  |
| Pacemaker / Defibrillator |  |  |  |
| Rheumatic Fever / Disease |  |  |  |
| Clotting Disorder |  |  |  |
| **Cardiovascular Symptoms**⬜ Tire easily with exertion ⬜ without exertion |  |
|  |  |  |
| ⬜ Shortness of breath with exertion ⬜ without exertion |  |  |  |
| Heartbeat Irregularities during sleep (need extra pillows)🞏 Palpitation 🞏 Skipped Beats 🞏 Premature Beats🞏 Arrhythmia (Tachycardia – greater than 100 beats/minute) |  |
|  |  |  |
| Chest Pain🞏 Not caused by exertion 🞏 Precipitated by emotions or anger |  |  |  |
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 **Patient Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Neurological Disorders** (Check all boxes that apply) | **YES** | **NO** | **DK** |
| Autism / Asperger’s |  |  |  |
| ADD/ADHD |  |  |  |
| Alzheimer’s / Dementia |  |  |  |
| ALS (Lou Gehrig’s Disease) |   |  |  |
| MS (Multiple Sclerosis)  |  |  |  |
| Epilepsy (seizures) |  |  |  |
| **Symptoms**🞏 Anxiety/Fear 🞏 Depression 🞏 Brain Fog 🞏 Memory Loss🞏 Lack of Concentration 🞏 Temper/Irritability 🞏 Muscle Tremor🞏 Fatigue/Lack of Energy  |  |  |  |
|  |
| **Movement Disorders**🞏 Tremors / Dystonia 🞏 Tourette’s / Torticollis |  |  |  |
| **Tic Disorders**🞏 Eyes/Nose 🞏 Head/Facial 🞏 Throat Clearing🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |  |
|  |
| **Liver/Gall Bladder**  | **YES** | **NO** | **DK** |
| Soreness in lower right quadrant (near appendix) |  |  |  |
| Cirrhosis |  |  |  |
| Hepatitis B, C, E |  |  |  |
| Gallstones |  |  |  |
| Liver “sludge” |  |  |  |
| **Liver Associated Problems**🞏 Diabetes / Pancreatic 🞏 Heart (Palpitations / Arrhythmia)🞏 Skin (Eczema/Acne/Psoriasis) |  |  |  |
|  |
| **Detox Problems**🞏 Eyes (dark, watery, itchy) 🞏 Headaches/Confusion🞏 Methylation  |  |  |  |
|  |
| **Liver Burden**🞏 Implants (metal/silicone) 🞏 Tattoos 🞏 Body Piercing🞏 Botox Injections |  |  |  |
|  |
| **Elimination Problems**  | **YES** | **NO** | **DK** |
| **Bowel Movements**Stools – eliminations per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Constipation 🞏 Hard Stool (dehydration) 🞏 Tan Stool |  |  |  |
|  |
| **Urine Problems**Output – Light/Moderate/Heavy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞏 Dark Urine 🞏 Night Urination / times per night \_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
|  |
| **Sweating**🞏 Sweat easily 🞏 Sweat under both armpits 🞏 Use antiperspirant with aluminum |  |  |  |
|  |