

GUM HEALTH & MEDICAL-DENTAL INFORMATION

Complete what you can and update it before appointments. This sheet supports communication; it does not determine whether gum disease affects a heart condition.

Name: _____

Date updated: _____

Date of birth: _____

Emergency contact: _____

1. Health Conditions to Discuss

- ☐ Coronary artery disease ☐ Previous heart attack ☐ Previous stroke or TIA
☐ Atrial fibrillation ☐ Heart failure ☐ Peripheral artery disease
☐ High blood pressure ☐ High cholesterol ☐ Diabetes
☐ Artificial heart valve ☐ Previous infective endocarditis
☐ Congenital heart condition ☐ Coronary stent ☐ Pacemaker or defibrillator

Other important conditions: _____

Allergies or reactions: _____

2. Medication Record

Include prescriptions, over-the-counter medicines, supplements, and the reason you take each one.

Medication / supplement	Dose	How often	Reason	Prescriber

3. Blood-Thinner Check

Do I take an anticoagulant or antiplatelet medicine? ☐ Yes ☐ No ☐ Unsure

Examples may include warfarin, apixaban, rivaroxaban, dabigatran, aspirin, or clopidogrel.

Medication and prescriber: _____

Do not stop or change a prescribed blood thinner on your own. The dentist and prescribing clinician should coordinate any change.

GUM HEALTH & PROVIDER COORDINATION

Gum disease should be treated for its proven effects on gums, bone, comfort, and tooth retention. Dental treatment does not replace medical heart or stroke prevention.

1. Gum Health Record

- ☐ Bleeding during brushing or interdental cleaning ☐ Red or swollen gums
☐ Gum tenderness ☐ Persistent bad breath ☐ Gum recession
☐ Tooth looks longer ☐ Tooth shifting or bite change ☐ Loose tooth
☐ Pain when chewing ☐ Pus or swelling ☐ Previous periodontal treatment

When symptoms began or changed: _____

Previous treatment / periodontal-maintenance schedule: _____

2. My Providers

Provider	Name	Phone	Next visit
Dentist / periodontist			
Primary-care clinician			
Cardiologist			
Diabetes clinician / other			

3. Upcoming Dental Treatment

Planned dental treatment: _____

Procedure date: _____ Dentist: _____

Has the dentist requested medical information or clearance? ☐ Yes ☐ No ☐ Unsure

Provider contacted and instructions: _____

4. Questions for My Providers

- ☐ What is my periodontal diagnosis and maintenance schedule?
☐ Are my bleeding gums caused by inflammation, medication effects, or both?
☐ Can my medications be continued for the planned dental procedure?
☐ Do my heart history and planned procedure require coordination with my medical clinician?
☐ Do I have a high-risk heart condition for which preventive antibiotics may apply?
☐ Which proven steps should I follow for heart and stroke risk reduction?

Other: _____

Instructions: _____

Important Safety Reminder

Do not stop anticoagulant or antiplatelet medication, and do not take leftover antibiotics, unless the appropriate prescribing or treating professional gives specific instructions. Seek prompt dental care for increasing swelling, pus, severe pain, fever with dental symptoms, or a newly loose adult tooth.