The medical history is considered the cornerstone of safe and effective patient management. The main parts of the history-taking process well known to practitioners are: "Presenting the current (existing) complaint", "the history of the current (existing) complaint" and "the current and past medical history". Many patients are surprised to find out how important a medical history is for dental care. There are many interrelationships between general health and oral health; there are also many interactions of drugs that affect dental care. Below are some explanations of why we, as dentists, need to know about health conditions. Keep in mind, however, that this is by no means a complete list of health conditions or medications that affect dental care. Patients should always tell us about any medical treatments they are receiving and all medications they are taking. The main parts of a patient history are well-established. It is important that practitioners follow a recognized systematic scheme of enquiry to minimize the risk of missing important information. All dental practitioners are familiar with the main components of the history taking process. The first component of a patient history is "Presenting the current (existing) complaint". It also includes details of any systemic signs or symptoms (such as fever); the success or otherwise of previous treatments; and previous practitioners who have been consulted regarding the same or related condition(s). This includes the following: when the condition/problem first started; the overall duration and progression of the condition, including whether it is episodic or constant and the nature and timing of any symptoms. Presenting the complaint may best be expressed in the patient's own words. The information presented can then be summarized by the clinician. The second component is the "history of the current (existing) complaint". The starting point in the assessment and management of any patient depends on good history-taking. A chronological approach should be used.