MEDICAL HISTORY

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may take, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

Are you currently under a physician's care? O Yes O No If yes, please explain _____

Have you been hospitalized or had a major operation? O Yes O No If yes, please explain _____

Have you ever had a serious head or neck injury? O Yes O No If yes, please explain _____

Are you taking any medication, pills, or drugs? O Yes O No If yes, please explain _____

Do you take, have haven taken Phen-Fen or Redux? O Yes O No _____

Are you on a special diet? O Yes O No _____

Do you use tobacco? O Yes O No

Women: Are you
O Pregnant/Trying to get pregnant? O Nursing?

Do you use controlled substances? O Yes O No

O Taking oral contraception?

Are you allergic to any of the following?

O Aspirin O Penicillin O Codeine O Acrylic O Metal O Latex O Local Anesthetics

O Other If yes, please explian _____

Do you have, or have you had any of the following?

O Aids/HIV Positive
O Alzheimer's disease
O Anaphylaxis
O Anemia
O Angina
O Arthritis/Gout
O Artificial Heart Valve
O Artificial Joint
O Asthma
O Blood Disease
O Blood Transfusion
O Breathing problems
O Bruise Easily
O Cancer
O Chemotherapy
O Chest Pains
O Cold sores/Fever Blisters
O Congenital Heart Disorder
O Convulsions
O Cortisone Medicine
O Diabetes
O Drug Addiction
O Emphysema
O Epilepsy/seizures
O Excessive Bleeding
O Excessive Thirst
O Fainting Spells/Dizziness
O Frequent Cough
O Frequent Headaches
O Glaucoma
O Hay Fever
O Heart Attack/ Failure
O Heart Murmur
O Hepatitis A
O Hepatitis B or C
O Heart Pace Maker
O Heart Trouble/Disease
O Hemophilia
O High Blood Pressure
O Hypoglycemia
O Irregular Heartbeat
O Kidney Problems
O Leukemia
O Liver Disease
O Low Blood Pressure
O Lung Disease
O Mitral Valve Prolapse
O Pain in Jaw Joints
O Parathyroid Disease
O Psychiatric Care
O Radiation Treatments
O Recent weight loss
O Renal Dialysis
O Rheumatic Fever
O Rheumatism
O Sickle Cell Disease
O Sinus Trouble
O Spina Bifida
O Stomach/Intestinal Disease
O Stroke
O Swelling of Limbs
O Thyroid Disease
O Tonsillitis
O Tuberculosis
O Tumors of Growths
O Ulcers
O Venereal Disease

Have you ever taken Fosamax, Actonel, Boniva or any other drugs prescribed to decrease the resorption of bone as in osteoporosis or any other drugs for metastasis bone cancer?

Have you ever had any serious illness not listed above **O** Yes **O** No If yes, please explain_____

_____

Comments_____

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To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. If is my responsibility to inform the dental office of any changes in medical status.

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SIGNAUTRE OF PATIENT, PARENT OR GUARDIAN DATE