Medical History

Although our Dental Team prent you may receive. Cert receive. Please answer the	ain health conditions or me	edication can have signific	cant interactions with th	ATO 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Are you under a physician's	care now? ☐ Yes ☐	No If yes, please expla	in:	
Have you ever been hospital	alized or had a major opera	tion?	If yes, please explain:	
Have you ever had a seriou Have you ever taken, Phen-Are you on a special diet? Do you use tobacco?	Fen, Redux, Fosamax? Yes No If yes, Yes No tances? Yes No	☐ Yes ☐ No please explain: If yes, please explain:_		
Women: Are you pregnant or trying to Are you allergic to any of the ☐ Other If yes, please exp	following? Aspirin Polain:	Penicillin 🗆 Codeine 🗆 A		(1 1) 1 1 1 1 . (1 1) 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
□ AIDS/HIV Positive □ Alzheimer's Disease □ Anaphylaxis □ Anemia □ Angina □ Arthritis / Gout □ Artificial Heart Valve □ Artificial Joint □ Asthma □ Blood Disease □ Blood Transfusion □ Breathing Problems □ Bruise easily □ Cancer □ Chemotherapy □ Chest Pains □ Cold Sores/Fever Blisters □ Congenital Heart Disease	□ Cortisone Medicine □ Diabetes □ Drug Addiction □ Easily Winded □ Emphysema □ Epilepy or Siezures □ Excessive Bleeding □ Excessive Thirst □ Fainting Spells / Dizziness □ Frequent Cough □ Frequent Diarrhea □ Frequent Headaches □ Genital Herpes □ Glaucoma □ Hay Fever □ Heart Attack / Failure □ Heart Murmur □ Heart Pace Maker □ Heart Trouble / Disease	□ Hemophilia □ Hepatitis A,B, or C □ Headaches □ Herpes □ High Blood Pressure □ Hives or Rash □ Hypoglycemia □ Irregular Heartbeat s □ Kidney Problems □ Leukemia □ Liver Disease □ Low Blood Pressure □ Lung Disease □ Mitral Valve Problems □ Pain in Jaw Joints □ Parathyroid Disease □ Psychiatric Care □ Radiation Treatments □ Recent Weight Loss	□ Renal Dialysis □ Rheumatic Fever □ Rheumatism □ Scarlet Fever □ Shingles □ Sickle Cell Disease □ Sinus Trouble □ Spina Bifida □ Stomach Disease □ Intestinal Disease □ Intestinal Disease □ Stroke □ Swelling of Limbs □ Thyroid Disease □ Tonsilitis □ Tuberculosis □ Tumors or Growths □ Ulcers □ Venereal Disease	Other Serious Illness Please Explain:
Signature I certify that the above information can be dangerous to my (or for errors or emissions that the above medical status. Patient or Responsible Part	r my patient's) health I will r I have made in completion	not hold my Dentist or any of this form. It is my resp	members of his/her Do onsibility to notify my D	ental Team responsible