## **MEDICAL HISTORY**

PATIENT NAME \_\_\_\_\_\_ Birth Date \_\_\_\_\_

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 be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

Are vou under a phy	vsician's care now? 🔿 \	Yes 🔿 No 🛛 If 🤊	yes, please explain:			
Have you ever been hospitalized or had a major operation? Yes No If yes, please explain:						
Have you ever had a serious head or neck injury? 🔿 Yes 🔿 No If yes, please explain:						
Are you taking any medications, pills, or drugs? () Yes () No If yes, please explain:						
Do you take, or have you taken, Phen-Fen or Redux? O Yes O No						
Have vou ever taken Fosamax. Bor	niva. Actonel or anv 👝 .					
other medications containing	bisphosphonates?	Yes () No 🛛 🗕				
Are you	$\iota$ on a special diet? $\bigcirc$ $ begin{array}{c} egin{array}{c} $	Yes 🔿 No				
Do	you use tobacco? 🔿 \	Yes 🔿 No				
Do you use cont	rolled substances?	Yes 🔘 No				
Women: Are you						
Pregnant/Trying to get pregnant? Yes No Taking oral contraceptives? Yes No Nursing? Yes No						
Are you allergic to any of the following?						
Aspirin Penicillin	Codeine Loc	cal Anesthetics	Acrylic	Metal	Latex	Sulfa drugs
Other If yes, please explain:						
Do you have, or have you had, any of	the following?					
AIDS/HIV Positive O Yes O No	Cortisone Medicine (	◯ Yes ◯ No	Hemophilia	) Yes () No	Radiation Treatments	🔿 Yes 🔿 No
Alzheimer's Disease O Yes O No	Diabetes (		Hepatitis A	Yes 🔾 No	Recent Weight Loss	$\bigcirc$ Yes $\bigcirc$ No
Anaphylaxis () Yes () No	Drug Addiction (		Hepatitis B or C		Renal Dialysis	
Anemia () Yes () No	Easily Winded (		Herpes (		Rheumatic Fever	
Angina () Yes () No	Emphysema (		High Blood Pressure (	<pre></pre>	Rheumatism	
Arthritis/Gout () Yes () No	Epilepsy or Seizures (		High Cholesterol		Scarlet Fever	
Artificial Heart Valve O Yes No			Hives or Rash		Shingles	
Artificial Joint O Yes O No	Excessive Thirst (		Hypoglycemia (		Sickle Cell Disease	
Asthma () Yes () No	Fainting Spells/Dizziness	ž ž	Irregular Heartbeat		Sinus Trouble	
Blood Disease () Yes () No	Frequent Cough (		Kidney Problems		Spina Bifida	
Blood Transfusion () Yes () No			Leukemia (		Stomach/Intestinal Dise	ğ ğ
Breathing Problem () Yes () No			Liver Disease		Stroke	
Bruise Easily () Yes () No	'				Swelling of Limbs Thyroid Disease	○ Yes ○ No ○ Yes ○ No
	Glaucoma (		Lung Disease		Tonsillitis	
Chemotherapy OYes No			Mitral Valve Prolapse		Tuberculosis	
Chest Pains Yes No	Heart Attack/Failure (		Osteoporosis (		Tumors or Growths	⊖ Yes ⊖ No
Cold Sores/Fever Blisters () Yes () No			Pain in Jaw Joints		Ulcers	🚫 Yes 🚫 No
Congenital Heart Disorder Yes No Convulsions Yes No	Heart Pacemaker ( Heart Trouble/Disease (	○ Yes () No ○ Yes () No	Parathyroid Disease ( Psychiatric Care	) Yes () No ) Yes () No	Venereal Disease	🔵 Yes 🔵 No
	Tiedit Tiouble/Disease		i sychiatric Gare		Yellow Jaundice	🔵 Yes 🔵 No
Have you ever had any serious illness not listed above? Yes No						
Comments:						

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. It is my responsibility to inform the dental office of any changes in medical status.