## **MEDICAL HISTORY**

PATIENT NAME		Birth Date		
	-	-	uth, your mouth is a part of your entire body. Health problems that you may relationship with the dentistry you will receive. Thank you for answering the	
Have you ever been hospitalized on Have you ever had a serice Are you taking any med Do you take, or have you take Have you ever taken Fosama other medications contains.	ous head or neck injury? Yeur idications, pills, or drugs? Yeur, Phen-Fen or Redux? Yeur Ropius, Actors or any	es No	If yes, please explain:  If yes, please explain:  If yes, please explain:  If yes, please explain:	
-Women: Are you-				
Pregnant/Trying to get pregnant		ral contrace	eptives? Yes No Nursing? Yes No	
—Are you allergic to any of the foll  ☐ Aspirin ☐ Penicillin ☐ Other If yes, please explair	Codeine Loca	al Anesthetic	ics Acrylic Metal Latex Sulfa drugs	
AIDS/HIV Positive Yes Alzheimer's Disease Yes Anaphylaxis Yes Anemia Yes Angina Yes Arthritis/Gout Yes Artificial Heart Valve Artificial Joint Yes Blood Disease Blood Transfusion Yes Breathing Problem Yes Chemotherapy Yes Chest Pains Yes Conyulsions Yes Convulsions Yes Convulsions Yes Convulsions Yes Convulsions Yes Convulsions Yes Convulsions Yes Converted The Market Pains Assistant	No Cortisone Medicine No Diabetes No Drug Addiction No Easily Winded No Emphysema No Epilepsy or Seizures No Excessive Bleeding No Excessive Thirst No Fainting Spells/Dizziness No Frequent Cough No Frequent Diarrhea No Frequent Headaches No Genital Herpes No Glaucoma No Hay Fever No Heart Attack/Failure No Heart Murmur No Heart Pacemaker No Heart Trouble/Disease	Yes	Hepatitis A Yes No Hepatitis B or C Yes No Hepatitis B or C Yes No Hepatitis B or C Yes No Herpes Yes No High Blood Pressure Yes No High Cholesterol Yes No Hives or Rash Yes No Hypoglycemia Yes No Irregular Heartbeat Yes No Kidney Problems Yes No Leukemia Yes No Leukemia Yes No Low Blood Pressure Yes No Low Blood Pressure Yes No Lung Disease Yes No Mitral Valve Prolapse Yes No No No No No Hypoglycemis Yes No No No No No High Cholesterol Yes No	
Comments:				
			rately answered. I understand that providing incorrect information can be dental office of any changes in medical status.	
SIGNATURE OF PATIENT, PA	RENT, or GUARDIAN		DATE	