MEDICAL HISTORY

PATIENT NAME		Birth Date			
Although dental personnel primarily have, or medication that you may be following questions.					
lave you ever been hospitalized or had Have you ever had a serious h Are you taking any medicati Do you take, or have you taken, F Have you ever taken Fosamax, Bo other medications containin Are yo	nead or neck injury? Yes Nons, pills, or drugs? Yes Nothen-Fen or Redux? Yes Noniva, Actonel or any yes No uon a special diet? Yes No	If yes, please explain	in: in:		
Women: Are you Pregnant/Trying to get pregnant?		raceptives? Yes	No Nursing?	? O Yes O No	
Are you allergic to any of the followin Aspirin Denicillin Other If yes, please explain:	g? Codeine Local Anestl	hetics Acry	rlic Metal	Latex	Sulfa drugs
AIDS/HIV Positive Yes No Alzheimer's Disease Yes No Anaphylaxis Yes No Anaphylaxis Yes No Angina Yes No Artificial Heart Valve Yes No Asthma Yes No Blood Disease Yes No Breathing Problem Yes No Bruise Easily Yes No Cancer Yes No Congenital Heart Disorder Yes No Convulsions Yes No Have you ever had any serious illnes	Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizziness Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Pacemaker Heart Trouble/Disease Yes Yes Hes Cough Yes Heart Trouble/Disease Yes Cough	No Hepatitis A No Hepatitis B or C No Herpes No High Blood Pressur High Cholesterol No Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease No Mo Low Blood Pressur Lung Disease Mitral Valve Prolap Osteoporosis No Pain in Jaw Joints Parathyroid Disease No No Preschietic Care	Yes No	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease Yellow Jaundice	Yes No
Comments:	33 Hot listed above: 163 11				
To the best of my knowledge, the que dangerous to my (or patient's) health	uestions on this form have been ac n. It is my responsibility to inform t	ccurately answered. I un the dental office of any c	nderstand that pro changes in medica	viding incorrect informa al status.	tion can be
SIGNATURE OF PATIENT, PAREN	IT or GUARDIAN			DATE	