MEDICAL HISTORY

Patient Name			Nickname	Age
Name of Physician/and their specialty				
Most recent physical examination			Purpose	
What is your estimate of your general health		God		
DO YOU HAVE or HAVE YOU EVER HAD:	YES NO			VEC NO
	TES INC			YES NO
 hospitalization for illness or injury an allergic or bad reaction to any of the following: 			osteoporosis/osteopenia (i.e. taking bisp	
2. an allergic or bad reaction to any of the following: aspirin, ibuprofen, acetaminophen, codeine			arthritisautoimmune disease	
penicillin		20.	(i.e. rheumatoid arthritis, lupus, sclerode	
erythromycin		29	glaucoma	
tetracycline		30	contact lenses	
sulfa		31.	head or neck injuries	
local anesthetic		32.	epilepsy, convulsions (seizures)	
fluoride metals (nickel, gold, silver,)		33.	neurologic disorders (ADD/ADHD, prion	
latex		34.	viral infections and cold sores	
nuts		35.	any lumps or swelling in the mouth	
fruit		36.	hives, skin rash, hay fever	
other		37.	STI/STD/HPV	
3. heart problems, or cardiac stent within the last six m	onths	38.		
4. history of infective endocarditis		39.	,	
5. artificial heart valve, repaired heart defect (PFO)		40.	tumor, abnormal growth	
6. pacemaker or implantable defibrillator		41.	radiation therapy	
7. orthopedic implant (joint replacement)		42.	chemotherapy, immunosuppressive me	
8. rheumatic or scarlet fever		43.	emotional difficulties	
9. high or low blood pressure		44.	psychiatric treatment	
10. a stroke (taking blood thinners)		45.	antidepressant medication	
11. anemia or other blood disorder12. prolonged bleeding due to a slight cut (INR > 3.5)			alcohol/recreational drug use	
13. pneumonia, emphysema, shortness of breath, sarco			EYOU:	
14. tuberculosis, measles, chicken pox			presently being treated for any other illn	
15. asthma		48.	aware of a change in your health in the k	
16. breathing or sleep problems (i.e. sleep apnea, snoring)	ng. sinus)	40	(i.e. fever, chills, new cough, or diarrhea) taking medication for weight management	
17. kidney disease			taking dietary supplements	
18. liver disease			0 1 1 00	
19. jaundice			experiencing frequent headaches	
20. thyroid, parathyroid disease, or calcium deficiency _			a smoker, smoked previously or use smo	
21. hormone deficiency			considered a touchy/sensitive person	
22. high cholesterol or taking statin drugs			often unhappy or depressed	
23. diabetes (HbA1c =)			taking birth control pills	
24. stomach or duodenal ulcer			currently pregnant	
25. digestive or eating disorders (e.g., celiac disease, gas	stric reflux,		diagnosed with a prostate disorder	
bulimia, anorexia)		oment de	elay, or other treatment that may possib	oly affect your dental treatment.
List all medications, s	supplements, and	or vitar	nins taken within the last two years	
Drug Purpo	ose		Drug	Purpose
PLEASE ADVISE US IN THE FUTURE OF ANY O				
Patient's Signature				nte
Doctor's Signature			Da	ate

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