Health History

Name:		Date of Birt	h: PAY	Today's Date:	
A F			manufal Carlos de Amelio de Apolio de 1886 de America de 1886		
Home Phone:	Cell Phone:	Work Phone	:	Email Address:	
()	()	and the second		4.8	
Emergency Contact:		Home	Phone:	Cell Phone:	
			1		
Pharmacy:		4			
nsurance Company:	Subscri	ber Name & Date of t	oirth:	ID Number:	Group Number:
					- electric grant
				and the state of t	
Madical Water.	Water Carlo			a se subtraction de la compa	
Medical History					
Are you under the ca	re of a physician?	Y/ N	Have you b	een hospitalized in the last 5 years	s? Y/N
Physician's			If Yes, wha	t was the illness or problem?	
Name:	200				

Phone: ()					
		Carry Ser Japanese			
Address:		and the second second			
(152 V/N		Data of I	Carlos de Carlos	
Are you in good heal	thr 1/N health in the last year	2 V/N		t physical exam:	
any changes to your	nearth in the last year	1 1/10			
		2.000	200 S		
Allergies, are you allerg	ic to or have you had a r	eaction to:	4,673		
				Andrew of the strategies and the strategies of the strategies and the strategies are strategies and the strategies and the strategies are strateg	Y/N
Aspirin	read i Arian Problem des springer i de autrigen i realization de constitution de la reconstitution de autrigen	Y/N	Food _		Y/N
oulta Drugs		Y/N			
lay fever/ seasonal_		Y/N	Metals		Y/N
Codeine / other narc		Y/N	Latex		Y/N
Penicillin or other an		Y/N			Y/N
parbiturates, sedativ	es, sleeping pills	Y/N		and the property of the second second	

Health History

Do you wear contact lense	15?	3104 c 2045 c	Y/N		Do you use controlled substa	nces? Y/N-
Joint Replacements; Have	you had	d any orthopedic total joint	Women ONLY are you:			
replacements? (elbow, kn	iee, nip,	, finger, snoulder)	Y/N		Pregnant	reaction of the second
Joint replaced:		Date:			Number of weeks	
		Phone:			Newsys	Table 20 volument
Surgeon:	***************************************	Phone:			Taking birth control pills	Y/N
					Nursing	⇒e.Y/N
· samuri pugro-		Section (Astro)		1.1253	Participa a Carll reditarda a	7 (8QF) 1.7 Y254, SQS
Artificial Heart Valve	Y/N	Rheumatic Fever	Y/N	Bro	nchitis Y/N	Neurological disorders Y/
Angina	Y/N	Rheumatic heart disease		Carried Annual Control	physema Y/N	
Arteriosclerosis	Y/N	Abnormal Bleeding	Y/N	Control of the last	s Trouble Y/N	Specify:
Congestive Heart Failure	Y/N	Anemia	Y/N		erculosis Y/N	Specify: 10022HTISQUEET
Damaged Heart Valves	Y/N	Blood Transfusion	Y/N		motherapy Y/N	Mental health disorder Y/
Heart Attack	Y/N	Date:	1 VYP		lation treatment Y/N	
Heart Murmur	Y/N	Hemophilia ,	Y/N	100000000000000000000000000000000000000	st pain upon exertion Y/N	Specify:
Low Blood Pressure	Y/N	AIDS or HIV infection	Y/N		onic Pain Y/N	
High Blood pressure	Y/N	Arthritis	Y/N	Dial	petes type I or II Y/N	Recurrent Infection Y/
Cardiovascular disease	Y/N	Autoimmune disease	Y/N		ng disorder Y/N	,
Congenital Heart Defects	Y/N	Rheumatoid arthritis	Y/N	Thy	rold problem Y/N	Specify: 1:9/10/3
Specify		Systemic Lupus			trointestinal disease Y/N	
		erythematosus	Y/N	G.E.	Reflux/heartburn Y/N	Cancer about/I
Mitral valve prolapse	Y/N	Asthma	Y/N	Ulce		Specify: New York Street
Pacemaker	Y/N	Asthma Stroke	Y/N	Do	ou snore Y/N	
Hepatitis, Jaundice	Y/N	Glaucoma	Y/N	exce	ssive urination Y/N	Severe headaches or
liver disease	Y/N	Epilepsy	Y/N	rapi	d weight loss Y/N	migraines Y/
Kidney problems	Y/N	Fainting spells	Y/N	Tob	accoluse (constitution of the cylin)	To Distribute Con City States
Night sweats	Y/N	Seizures	Y/N			sexually transmitted
Osteoporosis	Y/N	Alcohol use	Y/N		W. A. Santana and J. Santana	diseases emportage / http://www.
YIA			bea.		W. T.	741.k./
Aut in			raille.	1	W. The state of th	Link Cal
			luggly.	O B A B S S S S S S S S S S S S S S S S S	EGAY'y	Innacapa Mayayan
TV-			Bula.		18/1/	and the control of the sup-
NAC'S			anipq	1	MAY WITH THE TAXABLE PROPERTY.	The control of the second pipulates
Has a physician or previous d	entist re	commended that you take ant	iblotics	prior	to your dental treatment? Y/N	the state of the s
Name of physician or dentist	making	recommendation:				# A three basis on the fraction of the control of t
Phone: ()	der e	and the state of t	ra ek e	alad to	Walterian With	
Do you have a disease, condit Please explain:	tion or p	roblem not listed above that w	e snot	ila Kno	w about 11/N	
ricase explain.						
		en annon modern more fin fann de Plans op sûne ûnder hûnds daar dae bedaar de sûne beske de bedaar de sûne fan Op de sûne fin de sûne fin de sûne fin de sûne fan		a and the State of St		
I certify that I have read and I	understa	and the above and that the info	rmatic	on give	n on this form is accurate. I under	stand the Importance of a
					nation for treating me. I acknowle	
about inquiries set forth above	e have l	been answered to my satisfacti	on. Iv	vill not	hold my dentist or any other men	ber of his/her staff responsible
for any action they take or do	not tak	e because of errors or omissio	ns that	Imay	have made in the completion of th	nis form
	*******		***	********	Porte de la companya del la companya de la companya	
Patient Signature				Da	(8)	