## **MEDICAL HISTORY**

PATIENT NAME			Birth Da	ate		
Although dental personnel primarily have, or medication that you may be following questions.				-		
Have you ever been hospitalized or ha Have you ever had a serious Are you taking any medica Do you take, or have you taken, Have you ever taken Fosamax, E other medications contain	head or neck injury? O Y tions, pills, or drugs? Y Phen-Fen or Redux? Y	les No les No les No les No les No les No	If yes, please explain If yes, please explain If yes, please explain If yes, please explain			
	Do you use tobacco? Yourrolled substances? Y	es O No				
Pregnant/Trying to get pregnant?	Yes No Taking o	oral contrace	otives? Yes N	o Nursing?	○ Yes ○ No	
Are you allergic to any of the follow  Aspirin Penicillin  Other If yes, please explain:		al Anesthetic	s Acrylid	c Metal	Latex	Sulfa drugs
AIDS/HIV Positive Yes No Alzheimer's Disease Yes No Anaphylaxis Yes No Arbificial Heart Valve Yes No Arbificial Joint Yes No Asthma Yes No Blood Disease Yes No Blood Transfusion Yes No Breathing Problem Yes No Breathing Problem Yes No Bruise Easily Yes No Cancer Yes No Cohemotherapy Yes No Cohemotherapy Yes No Congenital Heart Disorder Yes No Conyulsions Yes No Convulsions Yes No Convulsions Yes No Convulsions Yes No Comments:	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 Murmur Heart Pacemaker Heart Trouble/Disease	Yes \ No \ No \ Yes \ No \ No \ Yes \ No \ No \ Yes \ Yes \ No \ Yes \ Yes \ No \ Yes \ Yes \ No \ Yes \	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Osteoporosis Pain in Jaw Joints Parathyroid Disease Psychiatric 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 Dis Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease Yellow Jaundice	Yes         No           Yes         No
To the best of my knowledge, the dangerous to my (or patient's) hea	T		•		-	nation can be
SIGNATURE OF PATIENT, PARE	NT, or GUARDIAN				DATE	