(Check DK if you Don't Know the answer to the question)			No DK	if you have or have not had any of the following diseases or problems		lo E
Do you wear contact lenses?				Do you use tobacco (smoking, snuff, chew, bidis)?		ם כ
Joint Replacement. Have you had an orth				Circle one: VERY / SOMEWHAT / NOT INTERESTED		
(hip, knee, elbow, finger) replacement? Date: If yes, have you had						
Are you taking or scheduled to begin taking				Are you Pregnant?		
(like Fosamax®, Actonel®, Atelvia, Boniva®, Reclast, Prolia) for osteoporosis or Paget's disease?				Number of weeks: Taking birth control pills or hormonal replacement? Nursing?		
Allergies. Are you allergic to or have you had a reaction to: To all yes responses, specify type of reaction.		Yes No D		K Metals		No
Local anesthetics				Latex (rubber)		
Aspirin				lodine		
Penicillin or other antibiotics				Hay fever/seasonal		
Barbiturates, sedatives, or sleeping pills				Animals		
Sulfa drugs				Food		
Codeine or other narcotics				Other	_ 🗆	
Please mark (X) your response to indica	ate if you have or have not	had any	y of the	following diseases or problems.		
			No DK	Yes No DK	Yes N	-
Artificial (prosthetic) heart valve				Autoimmune disease Glaucoma		
Previous infective endocarditis		🗆		Rheumatoid arthritis		_
Damaged valves in transplanted heart				Systemic lupus liver disease		
Congenital heart disease (CHD)		5-44		erythematosus		
Unrepaired, cyanotic CHD				Asthma Fainting spells or seizures		
Repaired (completely) in last 6 months		🗆		Bronchitis	<u> </u> [
Repaired CHD with residual defects		🗆		, ,		
Except for the conditions listed above, antib	niotic prophylaxis is no longer r	ecomm	ended	De vev2		
for any other form of CHD.				Montal health disorders		
Yes No DK				Cancer/Chemotherapy/ Radiation Treatment		
Cardiovascular disease	Mitral valve prolonge		No DK	Chest asia una susting Recurrent Infections		
Angina	Mitral valve prolapse Pacemaker			Chronic pain		
Arteriosclerosis	Rheumatic fever			Dishers Total " Some Number problems		
Congestive heart failure	Rheumatic heart disease			Table - dis- dis-		
Damaged heart valves □ □ □	Abnormal bleeding			Osteoporosis		
Heart attack	Anemia			Malnutrition Persistent swollen glands Gastrointestinal disease In neck		_
Heart murmur	Blood transfusion			G.E. Reflux/persistent Severe headaches/		_
Low blood pressure	If yes, date:			heartburn migraines		
High blood pressure	Hemophilia			Ulcers Severe or rapid weight loss		
Other concenital	AIDS or HIV infection	🗆		Thyroid problems		
neart defects	Arthritis			Stroke Excessive urination		
las a physician or previous dentist recomme	ended that you take antibiotic	s prior t	o your	ental treatment?		_
Name of physician or dentist making recomr	mendation:			Phone: Include area code	О .	_
		Sheet Sheet also the		()		
Do you have any disease, condition, or probl Please explain:	em not listed above that you t	hink I sl	hould k	ow about?		5
		34 019 010			ALC: NO.	
Please list any medications:						
Please list any medications:						
Please list any medications: NOTE: Both doctor and patient are enco	nuraced to discuss any and	all wale.		ient health issues prior to treatment.		
Please list any medications: NOTE: Both doctor and patient are ence I certify that I have read and understand the dentist and his/her staff will rely on this infe	puraged to discuss any and a a above and that the information for transition for	all relevent on give	n on thi	ient health issues prior to treatment. form is accurate. I understand the importance of a truthful health history and t	hat my	
Please list any medications: NOTE: Both doctor and patient are encollectify that I have read and understand the dentist and his/her staff will rely on this info	puraged to discuss any and a a above and that the information for transition for	all relevent on give	n on thi	ient health issues prior to treatment. form is accurate. I understand the importance of a truthful health history and t	hat my	/ acti
Please list any medications: NOTE: Both doctor and patient are ence lecrify that I have read and understand the dentist and his/her staff will rely on this info	puraged to discuss any and a a above and that the information for transition for	all relevent on give	n on thi	ient health issues prior to treatment.	hat my satisfa in the	/ acti