

MEDICAL HISTORY

CORRECT ANSWERS TO THE FOLLOWING QUESTIONS WILL ALLOW YOUR DENTIST TO TREAT YOU SO THERE WILL NOT BE AN EMERGENCY. HOWEVER, IF AN EMERGENCY SITUATION DOES ARISE THIS INFORMATION WILL HELP INSURE PROPER TREATMENT. YOUR ANSWERS ARE FOR OUR RECORDS ONLY AND WILL BE CONSIDERED CONFIDENTIAL.

Date: _____

Patient _____
Last Name First Name Middle Preferred Name

Date of Birth: _____

Physicians Name: _____ Phone # _____

DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING:

Heart Problems	__ YES __ NO	Asthma	__ YES __ NO
High Blood Pressure	__ YES __ NO	HIV / AIDS	__ YES __ NO
Anemia	__ YES __ NO	Hip / Heart Valve Replacement	__ YES __ NO
Diabetes	__ YES __ NO	Knee or Ankle Replacement	__ YES __ NO
Allergies to Medications / Latex	__ YES __ NO	Mitral Valve Prolapse	__ YES __ NO

What are you Allergic to? _____

Abnormal Bleeding from a Cut	__ YES __ NO	Glaucoma	__ YES __ NO
Heart Murmur	__ YES __ NO	Hepatitis	__ YES __ NO
Emphysema or Other Respiratory Illness	__ YES __ NO	Pace Maker	__ YES __ NO
Are you taking any Antacids	__ YES __ NO	Rheumatic Fever	__ YES __ NO
Are you taking Tagament (Cimetidine)	__ YES __ NO	Epilepsy	__ YES __ NO
Are you under the care of a Physician	__ YES __ NO	For what condition?	_____
Are you taking any Medications?	__ YES __ NO	If yes, please list	_____

Taking any Vitamins, Minerals, or Herbs __ YES __ NO Please List _____

Have you ever taken any of the following medications? (Bone replacement drugs) Actonel Skelid Aredia Didronel Fosamax Zometa Reclast Prolia

WOMEN:

Do you suspect that you are Pregnant? __ YES __ NO Are you Nursing? __ YES __ NO

Is there anything else we should know about your medical history? _____

TO THE BEST OF MY KNOWLEDGE, ALL OF THE PRECEDING ANSWERS ARE TRUE AND CORRECT. I WILL INFORM YOUR OFFICE OF ANY CHANGES AS THEY OCCUR.

Date: _____ Signature: _____

Print Name: _____