

Health History

Are you under a physician's care now?

-

Have you ever been hospitalized or had a major operation?

-

If yes, please explain:

-

Have you ever had a serious head or neck injury?

-

Are you taking any medications, pills, or drugs?

-

If yes, please list:

-

Do you take, or have you taken, Phen-Fen or Redux?

-

Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?

-

Are you on a special diet?

-

Do you use tobacco?

-

Do you use controlled substances?

-

Women: Are you...

Pregnant/Trying to get pregnant?

-

Nursing?

-

Taking oral contraceptives?

-

Allergies: Are you allergic to any of the following?

Aspirin

-

Codeine

-

Metal

-

Sulfa Drugs

-

Penicillin

-

Acrylic

-

Latex

-

Local Anesthetics

-

Other?

-

Medical Conditions: Do you have, or have you had, any of the following?

AIDS/HIV Positive

-

Alzheimer's Disease

-

Anaphylaxis

-

Anemia

-

Arthritis/Gout

-

Artificial Joint

-

Asthma

-

Blood Disease

-

Breathing Problem

-

Bruise Easily

-

Cancer

-

Chemotherapy

-

Chest Pains

-

Cold Sores/Fever Blisters

-

Convulsions

-

Diabetes

-

Dizziness

-

Drug Addiction

-

Easily Winded

-

Epilepsy or Seizures

-

Excessive Bleeding

-

Frequent Cough

-

Frequent Diarrhea

-

Frequent Headaches

-

Genital Herpes

-

Hay Fever

-

Head Injuries

-

Heart Attack/Failure

-

Heart Murmur

-

Heart Pacemaker

-

Heart Trouble/Disease

-

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

-

Psychiatric Care

-

Radiation Treatments

-

Recent Weight Loss

-

Respiratory Problems

-

Rheumatic Fever

-

Rheumatism

-

Sleep Apnea

-

Stomach/Intestinal Disease

-

Stroke

-

TMJ

-

Tuberculosis

-

Tumors or Growths

-

Ulcers

-

Vision Loss/Blindness

-

Yellow Jaundice

-

Have you ever had any serious illness not listed above?

-

Comments

-

Signature

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient`s) health. It is my responsibility to inform the dental office of any changes in medical status.

Date of signing

-

Signature Of Patient, Parent or Guardian

-

Name

-

Relationship to the patient

-