## **MEDICAL HISTORY**

PATIENT NAME			Birth D	ate		
Although dental personnel primarily thave, or medication that you may be following questions.		-	-	-		
Have you ever been hospitalized or had Have you ever had a serious h Are you taking any medication Do you take, or have you taken, P Have you ever taken Fosamax, Bo other medications containing Are you Do Do you use con	ead or neck injury? Ons, pills, or drugs? Ohen-Fen or Redux? O	Yes	yes, please explair yes, please explair yes, please explair yes, please explair	:		
Women: Are you Pregnant/Trying to get pregnant?	Yes No Taking	g oral contracepti	ves? O Yes O N	lo Nursing?	Yes No	
Are you allergic to any of the following Aspirin Penicillin Other If yes, please explain:	Codeine Lo	ocal Anesthetics	Acryl	ic Metal	Latex	Sulfa drugs
AIDS/HIV Positive  Yes No Alzheimer's Disease Yes No Anaphylaxis Yes No Anaphylaxis Yes No Anaphylaxis Yes No Angina Yes No Arthritis/Gout Yes No Arthritis/Gout Yes No Artificial Heart Valve Yes No Asthma Yes No Blood Disease Yes No Blood Transfusion Yes No Bruise Easily Yes No Cancer Yes No Chemotherapy Yes No Congenital Heart Disorder Yes No Convulsions Yes No Hoo Convulsions Yes No Convulsions Yes No Convulsions Yes No Hoo Convulsions No Convolusions No C	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           Yes         No	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 Prolaps Osteoporosis Pain in Jaw Joints Parathyroid Disease Psychiatric Care	Yes No	Radiation Treatment: Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal D Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease Yellow Jaundice	<ul> <li>Yes</li> <li>No</li> </ul>
Comments:						
To the best of my knowledge, the quadangerous to my (or patient's) health						mation can be
SIGNATURE OF PATIENT, PARENT	. or GUARDIAN				DATE	