PRESTIGE
Family & Cosmetic Dentistry

MEDICAL HEALTH HISTORY UPDATE

Patient's Name: _______________________________

Have you recently developed any of the following?

Heart Problems
- Chest pain
- Shortness of breath
- Blood pressure problem
- Heart murmur
- Heart valve problem
- Taking heart medication
- Rheumatic fever
- Pacemaker
- Artificial heart valve

Blood Problems
- Easy bruising
- Frequent nosebleeds
- Abnormal bleeding
- Blood disease (anemia)
- Ever require a blood transfusion?

Allergies
- Hay fever
- Sinus problems
- Skin rashes
- Taking allergy medication
- Asthma

Intestinal Problems
- Ulcer(s)
- Significant weight change
- Special diet
- Constipation/Diarrhea
- Kidney or bladder problems

Have you recently developed any of the following?

Bone or Joint Problems
- Arthritis
- Back or neck pain
- Joint replacement
  (e.g., total hip, pins, or implants)

Fainting Spells, Seizures, or Epilepsy
Stroke(s)
Frequent or severe headaches
Thyroid problems
Persistent cough or swollen glands
Premedications required by physician
Cancer/Tumor

Diabetes
- Urinate more than 6 times a day
- Thirsty or mouth is dry much of the time
- Family history of diabetes

Tuberculosis or other respiratory disease
Do you drink alcohol?
If so, how much? _______________
Do you smoke?
If so, how much? _______________
Hepatitis, jaundice, or liver trouble
Herpes or other STD
HIV-positive/AIDS
Glaucoma
Do you wear contact lenses?
History of head injury?
Epilepsy or other neurological disease?
History of alcohol or drug abuse?
Other: _______________________

Have you taken any of the following in the past year?

- Antibiotics or sulfa drugs
- Anticoagulants (e.g., Coumadin)
- High blood pressure medicine
- Tranquilizers
- Insulin, Orinase, or similar drug
- Aspirin
- Digitalis or drugs for heart trouble
- Nitroglycerin
- Cortisone (steroids)
- Natural remedies
- Nonprescription drug/supplements
- Other: _____________________

Have you had an allergic or otherwise adverse reaction to any of the following in the past year?

- Local anesthetics (e.g., Novocaine)
- Antibiotics (e.g., Penicillin)
- Sulfa drugs
- Barbiturates, sedatives, or sleeping pills
- Aspirin, Acetaminophen, or Ibuprofen
- Codeine, Demerol, or other narcotics
- Reaction to metals
- Latex or rubber dam
- Other: _____________________

Do any of the following statements apply?

- Taking contraceptives / other hormones
- I'm currently pregnant
- I'm nursing a child
- I've reached menopause

Name of patient or responsible party:_________________________ Relationship to patient: ____________________

____

Signature of patient or responisble party Date

Bella Makagon, DMD

116 Fairview Avenue North Suite 148 Seatttle WA 98109

phone: 206.682.7942 fax: 206.701.7965 PrestigeDentalSLU.com