MEDICAL HISTORY

PATIENT NAME			Birth Date				
				your mouth is a part ationship with the den			
Have you ever been ho Have you eve Are you tak Do you take, or ha	ospitalized or had r had a serious h ing any medicatio ave you taken, Pl en Fosamax, Boi cations containing Are you Do	vsician's care now? a major operation? ead or neck injury? ons, pills, or drugs? nen-Fen or Redux? hiva, Actonel or any bisphosphonates? u on a special diet? o you use tobacco? rolled substances?) Yes ○ No If) Yes ○ No If) Yes ○ No If) Yes ○ No _) Yes ○ No _) Yes ○ No) Yes ○ No	yes, please explain: _ yes, please explain: _ yes, please explain: _ yes, please explain: _			
Pregnant/Trying to g	et pregnant?	Yes 🔿 No 👘 Takir	ng oral contracepti	ives? 🔿 Yes 🔿 No	Nursing?	🔿 Yes 🔿 No	
Are you allergic to an	Penicillin		Local Anesthetics	Acrylic	Metal	Latex	Sulfa drugs
Do you have, or have AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blister Congenital Heart Disorde Convulsions Have you ever had	Yes No Yes No	the following? Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizzine: Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/Disease as not listed above?	Yes No Yes No	Hepatitis AHepatitis B or CHerpesHigh Blood Pressure (High CholesterolHigh CholesterolHives or Rash(Irregular HeartbeatKidney ProblemsLeukemiaLiver DiseaseLow Blood Pressure (Lung DiseaseMitral Valve Prolapse (OsteoporosisPain in Jaw JointsParathyroid Disease	Yes No Yes No	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Dis Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease Yellow Jaundice	Yes No Yes No
Comments:				ely answered. I under			

dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.