MEDICAL HISTORY

Describe any current medical treatment, impending surgery, genetic/development delay, or other treatment that may possibly affect your dental treatment. (i.e. Botox, Collagen Injections) List all medications, supplements, and or vitamins taken within the last two years Drug Purpose Drug Purpose Ask for an additional sheet if you are taking more than 6 medications PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING. Patient's Signature Date Date	Patient Name				NII alaa a			
What is your astimate of your general health? Excellent Good Fair Poor DO YOU HAVE or HAVE YOU EVER HAD: YES NO	Name of Physician/and their specialty				Nickname	Age	9	
DO YOU HAVE YOU EVER HAD: A postalization for iliness or injury 26. Osteoporosis/osteopenia (i.e. taking bisphosphonates) 74. A postalization for iliness or injury 26. Osteoporosis/osteopenia (i.e. taking bisphosphonates) 74. A postalization for iliness or injury 26. Osteoporosis/osteopenia (i.e. taking bisphosphonates) 74. A postalization for iliness or injury 26. Osteoporosis/osteopenia (i.e. taking bisphosphonates) 74. A postalization for iliness or injury 26. Osteoporosis/osteopenia (i.e. taking bisphosphonates) 74. A postalization for iliness 74. A postalization 7								
DO YOU HAVE or HAVE YOU EVER HAD: 1. hospitalization for filiness or injury 2. an allege're searcharo to 2. particular particular deficiency 2. contact lenses 3. head or neck injuries 3. neurologic disorders (ADD/ADHD) priori disease) 3. head price in the mouth 3. history of infective endocarditis 3. heaptitis (type 3. history of infective endocarditis 4. history of infective endocarditis 5. pacemier or implantable defibrillator 5. pacemier or implantable defibrillator 6. pacemier or implantable defibrillator 7. artificial prosties (heart valve or joints) 8. rheumatic or sartiet fever 9. high or low blood pressure 10. a strole (lading blood thinnes) 10. artificial prosties (heart valve or joints) 11. anemia or other blood disorder 12. prolonged bleeding due to a slight cut (INR > 3.5) 13. emplysems, shortness of breath, sarcoidosis 14. chemother and the strong of th	What is your estimate of your general health?	F0		<u> </u>	Purpose			
1. hospitalization for illness or injury. 2. an allergic reaction to aspirin, Duprofen, acetaminophen, codeline pencillin penc	, some of your general health?	Excelle	ent	$\bigcup G$	ood [Fair Poor			
1. hospitalization for illness or injury. 2. an allergic reaction to aspirin, Duprofen, acetaminophen, codeline pencillin penc	DO YOU HAVE OF HAVE YOU EVER HAD.	VEC	816					
27. arthrifis, freumatoid arthrifis, lupus	1. hospitalization for illness or injury	YES	44.5				YES	NO
aspirin, Jupurofen, acetaminophen, codeline 28, glaucomo 29, contact tenses 30, end or neck injuries 30, head or neck injuries 30, head or neck injuries 31, enjlepsy, convulsions, belaures) 30, head or neck injuries 31, enjlepsy, convulsions, belaures 32, enjlepsy, convulsions, belaures 33, wiral infections and cold sores 33, wiral infections and cold sores 33, wiral infections and cold sores 34, any lumps or swelling in the mouth 35, invalidation 36, stripsy, side and in properties 37, heaptitis (type 34, any lumps or swelling in the mouth 36, stripsy, side and in properties 37, heaptitis (type 34, any lumpsy or swelling in the mouth 36, stripsy, side and in properties 37, heaptitis (type 34, any lumpsy or swelling in the mouth 36, stripsy, side and in properties 37, heaptitis (type 34, any lumpsy or swelling in the mouth 37, heaptitis (type 34, any lumpsy or swelling in the mouth 37, heaptitis (type 34, any lumpsy or swelling in the mouth 37, heaptitis (type 34, any lumpsy or swelling in the mouth 37, heaptitis (type 34, any lumpsy or swelling in the mouth 37, heaptitis (type 34, any lumpsy or swelling in the mouth 37, heaptitis (type 34, any lumpsy or swelling in the mouth 34, any lumpsy or swelling in the mouth 37, heaptitis (type 34, any lumpsy or swelling in the mouth 34, any lumps	2. an allergic reaction to	_ U		26	osteoporosis/osteopenia (i.e. taking bisphosphona	ates)		
pericillin 24. galucoma 25. ordat einses 0 0 0 0 0 0 0 0 0				41	artinitis, rheumatoid arthritis, lupus			ĭ
10. a stroke (taking blood thinners)	penicillin			28	s. giaucoma			ñ
10. a stroke (taking blood thinners)	□ erythromycin			2.	. Contact lenses		\cap	ñ
10. a stroke (taking blood thinners)				20	. Head of neck infliffed			ñ
10. a stroke (taking blood thinners)				31	- epilepsy, coi ivuisions (seizures)		\sim	ñ
10. a stroke (taking blood thinners)				32	- Hedrologic disorders (ADD/ADHD, prion disease)			ŏ
10. a stroke (taking blood thinners)				33.	 Viral intections and cold sores 			Ō
1.0. a stroke (taking blood thinners)	D latex				ally lumps or swelling in the mouth			Ō
10. a stroke (taking blood thinners)				35.	. Tilves, skin rash, nay rever			
1.0. a stroke (taking blood thinners)	3. heart problems, or cardiac stent within the last six months			50.	. 311/310			
10. a stroke (taking blood thinners)	history of infective endocarditis		\mathcal{L}	3/. 20	repatits (type)			
10. a stroke (taking blood thinners)	5. artificial heart valve, repaired heart defect (PEO)	. 8	Н	20.	11(V / A)(2)			
10. a stroke (taking blood thinners)	pacemaker or implantable defibrillator	\mathcal{L}	Ξ		tarrior, aprioritial growdit			
10. a stroke (taking blood thinners)	7. artificial prosthesis (heart valve or joints)	. 7	\mathcal{C}	40.	chamathamas immers			
10. a stroke (taking blood thinners)	8. rheumatic or scarlet fever	\sim	7	42	emotional problems		\Box	
45. alcohol/street drug use ARE YOU: 46. prolonged bleeding due to a slight cut (INR > 3.5) 47. aware of a change in your health in the last 24 hours (i.e. fever, chills, new cough, or cliarrhea) 48. tuberculosis, measles, chicken pox 49. taking medication for weight management (i.e. fen-phen) 49. taking dietary supplements 40. often enkhausted or fatigued 40. often enkhausted or fatigued 40. tryroid, parathyroid disease, or calcium deficiency 40. taking dietary supplements 41. hormone deficiency 42. a smoke, smoked previously or use smokeless tobacco 43. diabetes (HbAIc = 44. storach or duodenal ulcer 45. FEMALE - pregnant 46. presently being treated for any other health in the last two years 47. taking direct your dental treatment, (i.e. Botox, Collagen Injections) 48. taking medications, supplements, and or vitamins taken within the last two years 49. taking dietary suppl	9. high or low blood pressure	\sim	\mathcal{L}	12.	Paychistric treatment		\Box	
45. alcohol/street drug use ARE YOU: 13. emphysema, shortness of breath, sarcoidosis 46. presently being treated for any other illness 47. aware of a change in your health in the last 24 hours (i.e. fever, chills, new cough, or cliarrhea) 48. taking medication for weight management (i.e. fen-phen) 49. taking dietary supplements 49. taking dietary supplements 49. jaundice 49. taking dietary supplements 49. jaundice 49. taking dietary supplements 49. taking dietar	10. a stroke (taking blood thinners)	\mathcal{L}		44	antidenressant medianties		\Box	
ARE YOU: ARE YOU:	11. anemia or other blood disorder	\mathcal{L}		45	alcohol / ctract da la usa		\Box	
1.3. emphysema, snortness of breath, sarcoidosis	12. prolonged bleeding due to a slight cut (INR > 3.5)	Ξ		AD.	E VOI I.			
14. tuberculosis, measles, chicken pox	13. emphysema, shortness of breath, sarcoidosis	\approx	\mathcal{L}		And the restriction of the second of the sec			
(i.e. fever, chills, new cough, or diarrhea)	14. tuberculosis, measles, chicken pox	Ξ	\mathcal{C}	40.	presently being treated for any other illness			
17. kidney disease	15. asthma	Ξ	Ξ	4).	aware of a change in your health in the last 24 hours	j.		
17. kidney disease	16. breathing or sleep problems (i.e. sleep apnea, snoring, sinus)	\sim	Ξ	48	taking modication for weight managed // f		ີ	
Standacide Sta	17. kidney disease	ñ	\preceq	49	taking dietan cumplements	onen)	\Box	\Box
Standacide Sta	18. liver disease	ĭ	$\tilde{\Box}$	50	often exhausted or fatigued		\Box	\Box
20. tryroid, parathyroid disease, or calcium deficiency	19. jaundice	\cap	\Box	51	evperiencing fraguent bandoches	!	Ц	\Box
Ask for an additional sheet if you are taking more than 6 medications Ask for an additional sheet if you are taking more than 6 medications Ask for an additional sheet if you are taking more than 6 medications PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING. attent's Signature	20. thyroid, parathyroid disease, or calcium deficiency	$\tilde{\Box}$	\sim		a smoker smoked previously associated as		\supseteq	
22. high cholesterol or taking statin drugs	11 harmone deficiency		Ξ	52.	considered a touchy names	xco _ [Ų	\Box
Describe any current medical treatment, impending surgery, genetic/development delay, or other treatment that may possibly affect your dental treatment. (i.e. Botox, Collagen Injections) List all medications, supplements, and or vitamins taken within the last two years Drug Purpose Drug Purpose Ask for an additional sheet if you are taking more than 6 medications PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING. Patient's Signature Date Date Date	22. high cholesterol or taking statin drugs	Ξ	\mathcal{L}	54	often unhanny or depressed	[\supseteq	\Box
Describe any current medical treatment, impending surgery, genetic/development delay, or other treatment that may possibly affect your dental treatment. (i.e. Botox, Collagen Injections) List all medications, supplements, and or vitamins taken within the last two years Drug Purpose Drug Purpose Ask for an additional sheet if you are taking more than 6 medications PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING. Patient's Signature Date Date	23. diabetes (HbA1c=)	Ξ		55	FEMALE - taking high control wills	— J	\exists	П
Describe any current medical treatment, impending surgery, genetic/development delay, or other treatment that may possibly affect your dental treatment. (i.e. Botox, Collagen Injections) List all medications, supplements, and or vitamins taken within the last two years Drug Purpose Drug Purpose Ask for an additional sheet if you are taking more than 6 medications PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING. Patient's Signature Date Date Date	24. stomach or duodenal ulcer	$\tilde{\Box}$	$\tilde{\Box}$	56	FFMAIF - pregnant	— }	\dashv	Ц
Describe any current medical treatment, impending surgery, genetic/development delay, or other treatment that may possibly affect your dental treatment. (i.e. Botox, Collagen Injections) List all medications, supplements, and or vitamins taken within the last two years Drug Purpose Drug Purpose Ask for an additional sheet if you are taking more than 6 medications PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING. Patient's Signature	25. digestive disorders (i.e. celiac disease, gastric reflux)	$\tilde{\Box}$	\preceq	57	MAIF - prostate disorders	— }	\dashv	\Box
List all medications, supplements, and or vitamins taken within the last two years Drug Purpose Drug Purpose Ask for an additional sheet if you are taking more than 6 medications PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING. Patient's Signature		_	_				J	U
Ask for an additional sheet if you are taking more than 6 medications PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING. Patient's Signature	Describe any current medical treatment, impending surgery, genetic/developr	nent dela	y, or ot	her trea	atment that may possibly affect your dental treatment. (i.e. Bot	tox, Collage	en Injec	tions)
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Ask for an additional sheet if you are taking more than 6 medications PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING. Patient's Signature	5				Company of the Compan	. 2		
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