HEALTH HISTORY FOR ALAMO HEIGHTS OMS

Answer all questions by circling Yes (Y) or No (N) **All responses are kept confidential**

1. Are you in good health?..... Y N
2. Has there been any change in your general health in the past year? ..... Y N
3. Date of last physical exam? _____
4. Are you now under a physician's care for a particular problem?..... Y N
5. Have you ever had any serious illnesses, operations or hospitalizations?..... Y N
   If so, describe:_____
   _____
   _____
6. **DO YOU HAVE OR HAVE YOU EVER HAD**:
   a. Rheumatic Fever or Rheumatic Heart Disease?..... Y N
   b. Congenital Heart Disease?..... Y N
   c. Cardiovascular Disease (Heart Attack, Heart Trouble, Heart Murmur, Coronary Artery Disease, Angina, High Blood Pressure, Stroke, Palpitations, Heart Surgery, Pacemaker)?..... Y N
   d. Lung disease (Asthma, Bronchitis, Pneumonia, Tuberculosis)?..... Y N
   e. Seizures, Convulsions, Epilepsy, Fainting or Dizziness?..... Y N
   f. Bleeding Disorder, Anemia, Bleeding, Tendency, Blood transfusion? Do you bruise easily?.....Y N
   g. Liver Disease (Jaundice, Hepatitis)?..... Y N
   h. Kidney Disease?..... Y N
   i. Diabetes?.....Y N
   j. Thyroid Disease (Goiter)?.....Y N
   k. Arthritis? ..... Y N
   l. Stomach Ulcers or Colitis?..... Y N
   m. Glaucoma?..... Y N
   n. Osteoporosis?..... Y N
   o. Implants placed anywhere in your body (Heart Valve, Pacemaker, Hip, Knee)?..... Y N
   p. Radiation (X-Ray) treatment for cancer?..... Y N
   q. Clicking or popping of jaw joint, pain near ear, difficulty opening mouth, grind or clench teeth?.....Y N
   r. Sinus or Nasal Problems?..... Y N
   s. Any disease, drug or transplant operation that has affected your immune system?..... Y N
7. **ARE YOU USING ANY OF THE FOLLOWING:**
   a. Antibiotics?..... Y N
   b. Anticoagulants (Blood Thinners)?..... Y N
   c. Aspirin or drugs such as Motrin, Aleve, Ibuprofen?..... Y N
   d. High Blood Pressure medications?..... Y N
   e. Steroids (Cortisone, etc.)?..... Y N
   f. Tranquilizers?..... Y N
   g. Insulin or oral anti-diabetic drugs?..... Y N
   h. Digitals, Inderal, nitroglycerin or other heart drugs?..... Y N
   i. Are you taking or have you ever taken Bisphosphonates for osteoporosis, multiple myeloma or other cancers (Fosamax, Actonel, Boniva, Aredia, Zometa)?.....Y N
8. **MEDICATIONS:**
   a. Please list **ANY AND ALL** medications taken, including prescription medications, diet drugs, over the counter medications, herbal holistic remedies, vitamins or minerals:
   _____
   _____
   _____
   _____
   _____
9. **ARE YOU ALLERGIC OR HAVE YOU HAD AN ADVERSE REACTION TO:**
   a. Local anesthesia (Novocain, etc.)?..... Y N
   b. Penicillin or other antibiotics?..... Y N
   c. Sedatives?..... Y N
   d. Aspirin or Ibuprofen?..... Y N
   e. Codeine or other pain killers?..... Y N
   f. Latex or Rubber products?..... Y N
   g. Other allergies or reactions? Please list:_____
   _____
   _____
10. Do you smoke, vape or chew tobacco?..... Y N
11. Is there any past history or alcohol or chemical dependency or emotional disorder that may affect the care we provide you?..... Y N
12. Have you had any serious problems associated with any previous dental treatment?..... Y N
13. Have you or an immediate family member had any problem associated with intravenous anesthesia?..... Y N
14. Do you have any other disease, condition or problem not listed above that you think the doctor should know about?..... Y N
15. Do you wish to talk to the doctor privately about anything?..... Y N
16. **FOR WOMEN ONLY**
   a. Are you pregnant, **or is there any chance** you might be pregnant?..... Y N
   b. Are you nursing?..... Y N
17. Other Comments: _____
   _____
   _____
   _____

I understand the importance of a truthful Health History to assist the doctor in providing the best care possible. I have had the opportunity to discuss my Health History with my doctor.

_____	_____	_____
Patient's Name (Printed)	Date of Birth	Date
_____	_____ft _____in & _____lbs.	_____
Signature of Person Completing Health History	Patient's Height & Weight	Doctor's Initials