MEDICAL HISTORY

PATIENT NAME		Birth Date		
Although dental personnel primarily have, or medication that you may b following questions.	treat the area in and around your e taking, could have an important	mouth, your mouth is a part of your interrelationship with the dentistr	our entire body. Health prol y you will receive. Thank yo	blems that you may but for answering the
ave you ever been hospitalized or hat Have you ever had a serious Are you taking any medica Do you take, or have you taken, Are y	head or neck injury? () Yes () tions, pills, or drugs? () Yes () Phen-Fen or Redux? () Yes () ou on a special diet? () Yes ()	No If yes, please explain: No If yes, please explain: No If yes, please explain: No No		•
	ntrolled substances? Yes		Nursing? O Yes O No	
Are you allergic to any of the following Aspirin Penicillin Other If yes, please explain:	ng? Codeine Acrylic	☐ Metal ☐ Latex	Local Anesthetics	
-Do you have, or have you had, any AIDS/HIV Positive Yes No AIzheimer's Disease Yes No Anaphylaxis Yes No Anemia 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 Disease Yes No Bruise Easily Yes No Bruise Easily Yes No Cancer Yes No Chemotherapy Yes No Cold Sores/Fever Blisters Yes No Congenital Heart Disorder Yes No Convulsions Yes No Have you ever had any serious illn	Cortisone Medicine Diabetes Pres 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 Pace Maker Heart Trouble/Disease Yes Pres Pres Pres Pres Pres Pres Pres Pr	No Hepatitis A Y No Hepatitis B or C Y No Herpes Y No High Blood Pressure Y No Hives or Rash No Hypoglycemia Y No Kidney Problems Y No Leukemia Y Leukemia Y Low Blood Pressure Y No Low Blood Pressure Y No Mitral Valve Prolapse Y No Pain in Jaw Joints Y No Parathyroid Disease Y No Psychiatric Care Y No Recent Weight Loss Y	res No re	Yes O No
Comments: To the best of my knowledge, the quantum control of the property of	usestions on this form have been a	accurately answered. I understar		formation can be
dangerous to my (or patient's) heal	th. It is my responsibility to inform	n the dental office of any changes	s in medical status.	