## **MEDICAL HISTORY**

| PATIENT NAME   |   | Birth Date _   |  |                    |
|--|---|--|--|--------------------|
| Although dental personnel primarily thave, or medication that you may be following questions.  |   |  |  |                    |
| Have you ever been hospitalized or had Have you ever had a serious h Are you taking any medication Do you take, or have you taken, P Have you ever taken Fosamax, Bo other medications containing Are you  | ead or neck injury? Yes Nons, pills, or drugs? Yes Nons-Fen or Redux? Yes Noniva, Actonel or any  | o If yes, please explain: o If yes, please explain: o If yes, please explain: o o o  |  |                    |
|  | trolled substances? Yes N   |  |  |                    |
| Pregnant/Trying to get pregnant?   | Yes No Taking oral contra   | aceptives? Yes No  | Nursing? Yes 1   | No                 |
| Are you allergic to any of the following  Aspirin  Penicillin  Other If yes, please explain:   | g?<br>Codeine Local Anesth  | etics Acrylic  | Metal Late:  | x Sulfa drugs      |
| AIDS/HIV Positive Yes No Alzheimer's Disease Yes No Anaphylaxis Yes No Anaphylaxis Yes No Angina Yes No Arthritis/Gout Yes No Artificial Heart Valve Yes No Asthma Yes No Blood Disease Yes No Blood Transfusion Yes No Breathing Problem Yes No Breathing Problem Yes No Cancer Yes No Chemotherapy Yes No Congenital Heart Disorder Yes No Convulsions Yes No Convulsions Inc. | Cortisone Medicine Yes Diabetes Yes Drug Addiction Yes Easily Winded Yes Emphysema Yes Epilepsy or Seizures Yes Excessive Bleeding Yes Excessive Thirst Yes Fainting Spells/Dizziness Yes Frequent Cough Yes Frequent Diarrhea Yes Genital Herpes Yes Glaucoma Yes Hay Fever Heart Attack/Failure Yes Heart Murmur Yes Heart Pacemaker Yes Heart Trouble/Disease  | No Hepatitis A ONO Hepatitis B or C ONO Herpes ONO High Blood Pressure ONO Hives or Rash ONO Hives or Rash ONO Hypoglycemia ONO Irregular Heartbeat ONO Kidney Problems ONO Leukemia ONO Low Blood Pressure ONO Lung Disease ONO Mitral Valve Prolapse ONO Osteoporosis ONO Parathyroid Disease ONO Osteoporosis ONO Parathyroid Disease ONO OSTEOPORO ONO OSTEOPORO ONO OSTEOPORO ONO OSTEOPORO OSTEOPOR | Yes No No Rheumatic Fever Ses No Scarlet Fever Shingles Yes No Sickle Cell Dis Sinus Trouble Yes No Spina Bifida Yes No Stroke Yes No Stroke Yes No Swelling of Lim Thyroid Diseas Tonsillitis Yes No Yes Yes No Yes Yes No Yes No Yes No Yes Yes No Yes | t Loss             |
| Comments:  |   |  |  |                    |
| To the best of my knowledge, the quidangerous to my (or patient's) health  | It is my responsibility to inform the state of the s | ne dental office of any chang  | es in medical status.  | information can be |
| SIGNATURE OF PATIENT, PARENT   | , or GUARDIAN   |  | DATE   |                    |