

MEDICAL HISTORY

PATIENT NAME		Birth Date		10.000	
Although dental personnel primarily tr have, or medication that you may be following questions.					
lave you ever been hospitalized or had Have you ever had a serious he Are you taking any medication Do you take, or have you taken, Ple Have you ever taken Fosamax, Boodher medications containing	ead or neck injury? Yes No	of If yes, please explain: of If yes, please explain: of If yes, please explain:			
Do	o you use tobacco? Yes No crolled substances? Yes No		Nursing? () Ye	es () No	
Are you allergic to any of the following		ceptives: 7 Tes 7 No	redising: O re	3 0 110	
Aspirin Penicillin Other If yes, please explain:	Codeine Local Anesthe	etics Acrylic	Metal	Latex	Sulfa drugs
AIDS/HIV Positive Yes No Alzheimer's Disease Yes No Anaphylaxis Yes No Anaphylaxis Yes No Anaphylaxis Yes No Anglina Yes No Arthritis/Gout Yes No Artificial Heart Valve Yes No Asthma Yes No Blood Disease Yes No Blood Disease Yes No Breathing Problem Yes No Cancer Yes No Chemotherapy Yes No Congenital Heart Disorder Yes No Convulsions Yes Yes No Convulsions Yes No Convulsi	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 Yes	No Hepatitis A No Hepatitis B or C No Herpes No High Blood Pressure No High Cholesterol No Hives or Rash No Hypoglycemia Irregular Heartbeat No Kidney Problems No Leukemia No Liver Disease No Low Blood Pressure No Mitral Valve Prolapse No Osteoporosis No Pain in Jaw Joints No Parathyroid Disease No Psychiatric Care	Yes	Cell Disease Trouble Bifida ach/Intestinal Disease ang of Limbs d Disease itis culosis s or Growths	Yes
Comments:					
To the best of my knowledge, the qu dangerous to my (or patient's) health					n can be
SIGNATURE OF PATIENT, PARENT	Γ, or GUARDIAN		DA	.ΤΕ	