

**MEDICAL HISTORY**

Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering the following questions.

- Are you under a physician's care now? Yes No If yes, please explain:
Have you ever been hospitalized or had a major operation? Yes No If yes, please explain:
Have you ever had a serious head or neck injury? Yes No If yes, please explain:
Are you taking any medications, pills, or drugs? Yes No If yes, please explain:
Do you take, or have you taken, Phen-Fen or Redux? Yes No
Are you on a special diet? Yes No
Do you use tobacco? Yes No
Do you use controlled substances? Yes No

Women: Are you

- Pregnant/Trying to get pregnant? Yes No Taking oral contraceptives? Yes No Nursing? Yes No

Are you allergic to any of the following?

- Aspirin Penicillin Codeine Acrylic Metal Latex Local Anesthetics
Other If yes, please explain:

Do you have, or have you had, any of the following?

- AIDS/HIV Positive Cortisone Medicine Hemophilia Renal Dialysis
Alzheimer's Disease Diabetes Hepatitis A Rheumatic Fever
Anaphylaxis Drug Addiction Hepatitis B or C Rheumatism
Anemia Easily Winded Herpes Scarlet Fever
Angina Emphysema High Blood Pressure Shingles
Arthritis/Gout Epilepsy or Seizures Hives or Rash Sickle Cell Disease
Artificial Heart Valve Excessive Bleeding Hypoglycemia Sinus Trouble
Artificial Joint Excessive Thirst Irregular Heartbeat Spina Bifida
Asthma Fainting Spells/Dizziness Kidney Problems Stomach/Intestinal Disease
Blood Disease Frequent Cough Leukemia Stroke
Blood Transfusion Frequent Diarrhea Liver Disease Swelling of Limbs
Breathing Problem Frequent Headaches Low Blood Pressure Thyroid Disease
Bruise Easily Genital Herpes Lung Disease Tonsillitis
Cancer Glaucoma Mitral Valve Prolapse Tuberculosis
Chemotherapy Hay Fever Pain in Jaw Joints Tumors or Growths
Chest Pains Heart Attack/Failure Parathyroid Disease Ulcers
Cold Sores/Fever Blisters Heart Murmur Psychiatric Care Venereal Disease
Congenital Heart Disorder Heart Pace Maker Radiation Treatments Yellow Jaundice
Convulsions Heart Trouble/Disease Recent Weight Loss

Have you ever had any serious illness not listed above? Yes No If yes, please explain:

Comments:

Blank lines for patient comments.

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

SIGNATURE OF PATIENT, PARENT, or GUARDIAN DATE