## **MEDICAL HISTORY**

PATIENT NAME		Birth Date			
Although dental personnel primarily have, or medication that you may be following questions.	-		-		
lave you ever been hospitalized or had Have you ever had a serious h Are you taking any medicati Do you take, or have you taken, P Have you ever taken Fosamax, Bo other medications containing Are yo Do you use con	nead or neck injury? Yes ons, pills, or drugs? Yes hen-Fen or Redux? Yes niva, Actonel or any	No If yes, please explair No If yes, please explair No If yes, please explair No No No No	n:		
Women: Are you  Pregnant/Trying to get pregnant?	Yes No Taking oral con	ntraceptives? Yes N	No Nursing?	◯ Yes ◯ No	
Are you allergic to any of the followin  Aspirin  Penicillin  Other If yes, please explain:	g? Codeine Local Anes	sthetics Acryl	ic Metal	Latex	Sulfa drugs
AIDS/HIV Positive Yes No Alzheimer's Disease Yes No Anaphylaxis Yes No Anaphylaxis Yes No Anaphylaxis Yes No Angina Yes No Arthritis/Gout Yes No Artificial Heart Valve Yes No Artificial Joint Yes No Asthma Yes No Blood Disease Yes No Breathing Problem Yes No Breathing Problem Yes No Cancer Yes No Chemotherapy Yes No Cold Sores/Fever Blisters Yes No Conyulsions Yes No Convulsions Yes No Convulsions Yes No Convulsions Yes No Convulsions Illne	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 (Heart Attack/Failure Yes (Heart Murmur Yes (Heart Trouble/Disease Yes (Control of the Market) Yes (Meart Trouble/Disease ) Yes (Meart Trouble/Disease (Meart Trouble/Disease ) Yes (Meart Trouble/Disease ) Yes (Meart Trouble/Disease )	No Hepatitis A No Hepatitis B or C No Herpes No High Blood Pressur High Cholesterol No Hives or Rash No Hypoglycemia No Kidney Problems No Leukemia Liver Disease No Mitral Valve Prolaps No Osteoporosis No Parathyroid Disease No No Parathyroid Disease No Psychiatric Care	Yes No	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Di Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease Yellow Jaundice	Yes       No         Yes       No
Comments:					
To the best of my knowledge, the qu dangerous to my (or patient's) health	n. It is my responsibility to inform	the dental office of any ch	anges in medical	status.	nation can be