

Medical HX

Name	Date of Birth	Today's Date
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Although dental personnel primarily treat the area around your mouth, your mouth is a part of your entire body. Health problems 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?	Yes	No	If Yes
Have you ever been hospitalized or had a major Operation?	Yes	No	If Yes
Have you ever had a serious head or neck injury?	Yes	No	If Yes
Are you taking any medications, pills, or drugs?	Yes	No	If Yes
Do you take, or have you taken, Phen-Fen or Redux?	Yes	No	If Yes
Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?	Yes	No	If Yes
Are you on a special diet?	Yes	No	If Yes
Do you use tobacco?	Yes	No	If Yes

Women: Are you....

Pregnant/Trying to get pregnant?	Nursing?	Taking oral contraceptives?
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Are you allergic to any of the following?

Aspirin	Penicillin	Codeine	Acrylic
Metal	Latex	Sulfa Drugs	Local Anesthetics
Other?	Yes	No	If yes
Do you use controlled substances?	Yes	No	If yes

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

AIDS/HIV POSITIVE.....	CORTISONE MEDICINE.....	HEMOPHILIA.....	RADIATION TREATMENT.....
ALZHEIMER'S DISEASE	DIABETES.....	HEPATITIS A.....	RECENT WEIGHT LOSS.....
ANAPHYLAXIS.....	DRUG ADDICTION.....	HEPATITIS B OR C.....	RENAL DIALYSIS.....
ANEMIA ...yes	EASILY WINDED.....	HERPES.....	RHEUMATIC FEVER.....
ANGINA.....	EMPHYSEMA.....	HIGH BLOOD PRESSURE.....	RHEUMATISM.....
ARTHRITIS/GOUT	EPILEPSY/SEIZURES.....	HIGH CHOLESTEROL.....	SCARLET FEVER.....yes
Artificial Heart Valve.....	EXCESSIVE BLEEDING.....	HIVES OR RASH.....	SHINGLES.....
ARTIFICIAL JOINT.....	EXCESSIVE THIRST.....	HYPOGLYCEMIA.....	SICKLE CELL DISEASE.....
ASTHMA.....	FAINTINGSPELLS/DIZZINESS.....	IRREGULAR HEART BEAT.....	SINUS TROUBLE.....
BLOOD TRANSFUSION.....	FREQUEN COUGH.....	KIDNEY PROBLEMS.....	SPINA BIFIDA.....
BREATHING PROBLEMS....	FREQUENT DIARRHEA.....	LEUKEMIA.....	Stomach/Intestinal Disease.....
BRUISE EASILY.....	FREQUENT HEADACHES.....	LIVER DISEASE.....	STROKE.....
CANCER.....	GENITAL HERPES.....	LOW BLOOD PRESSURE.....	SWELLING OF THE LIMBS....
CHEMOTHERAPY.....	GLAUCOMA.....	LUNG DISEASE.....	THYROID DISEASE.....
CHEST PAINS.....	HAY FEVER.....	MITRAL VALVE PROLAPSE.....	TONSILLITIS.....
Cold sores/ Fever Blisters...	HEART ATTACH/FAILURE.....	OSTEOROSIS.....	TUBERCULOSIS.....
Congenital Heart Disorder..	HEART MURMUR...yes.	PAIN IN JAW.....	TUMORS OR GROTHS.....
CONVULSIONS.....	HEART PACEMAKER.....	PARATHYROID DISEASE.....	ULCERS.....
	HEART TROUBLE/DISESE.....	PSYCHIATRIC CARE.....	VENEREAL DISEASE.....
			YELLOW JAUNDICE.....

Have you ever had any serious illness not listed	Yes	No	If yes
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Comments

Signature of Patient, Parent or Guardian	Date
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