

MEDICAL HISTORY

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

1. Are you receiving medical treatment? Y N
2. Have you had any major operations? Y N
What ? _____
3. Have you had any adverse response to any drugs including penicillin/ aspirin? Y N
4. Are you allergic to any known materials resulting in hives, asthma,eczema, etc?? Y N
5. Are you taking any drugs or medications? Y N
6. Are you on a diet at this time? Y N
7. Are you in good health? Y N
8. Are you pregnant/ nursing/ using birth control pills? Y N
9. Do you have a history of fainting? Y N
10. Have any wounds healed slowly or presented any complications? Y N
11. Have you received any donor organs, artificial heart valves, vessels, joint implants or use a pacemaker? Y N
12. Have you ever been treated for cancer? Y N
13. Do you have any swelling in the armpit/ groin, or neck area? Y N
14. Do you have night sweats? Y N
15. Do you bruise easily? Y N
16. Have you had any abnormal bleeding? Y N
17. Have you ever required a blood transfusion? Y N
18. Do you use tobacco? Y N If so would you like help stopping? Y N
19. Do you wear contact lenses? Y N
20. Do you have any disease, conditions or problems that are not listed that you think I should know about? Y N
21. Do you have or had any of the following: If so please circle. heart ailment,high blood pressure, low blood pressure,rheumatic fever,any stomach or intestinal disease,respiratory disease,tumors/growths,any blood disease,liver disease,kidney disease,yellow jaundice or hepatitis,venereal disease,rheumatism/arthritis,diabetes ,epilepsy,aids/HIV.

Please list all Medications here with the reason you are taking them:

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 health. It's my responsibility to inform the dental office of any changes in my Medical/Dental status.

X _____

Signature

_____ Date