Medical History



Patient Name:

Birth Date:

Date Created:

Pregnant/Trying to get pregnant? Nursing?	taking, could have an import	ant interre	lationship	with the dentistry	you will r	receive. T	nank you t	or answering the following) questions.	t you may have, or medication t	
Howe you cere had a serious head or neck injury? O'yes O'No If 'yes No University or yes or no if yes No you on a special det? O'yes O'No If yes No University or yes or no if yes No University or yes or no if yes No you on a special det? O'yes O'No If yes No University or yes or no if yes No you on ye the fedoning? No you on ye the fedoning? No you have, or have you had, any of the fedoning? No you have, or have you	Are you under a physician's care now?				Yes	⊕ No	If yes		e Politinis		
Are you taken, or have you taken, Pren-Fen or Redux? Yes No If yes Have you cere taken Fosaman, Doniva, Actorned or any other medications controlled bethoethoring bethoephonalizes? Are you on a special det? Or you use tobacco? Or yes No Do you use tobacco? Or yes No If yes Nomen: Are you If yes Nomen: Are you If yes If yes Codeine Actority of the following? If adaptin Metal Periodin Index Cother? If yes Codeine Actority of the following? I	Have you ever been hospitalized or had a major operation?				Yes	(® No	If yes			THE STATE OF THE S	
Do you taker, Phen-Fern or Redux? If yes It lives you user taken Fosimises, Bashins, Actured or any other medicalisms containing bisphosphosphosoteles? Are you on a special dett? If yes Norman, Are you Pregnant/Trying to get pregnant? Nursing? Pencillin	Have you ever had a serious head or neck injury?				Yes	(No	If yes		a grande		
Have you ever token Fosaneax, Bontva, Actonel or any other medications containing bisphosphonates? Are you on a bobacco? O Yes © No Do you use tobacco? O Yes © No If yes Codene	Are you taking any medications, pills, or drugs?				Yes		If yes			The state of the s	
Are you on a special det? O'Yes © No Do you use tobacco? O'Yes © No If yes O'Nomer: Are you O'Periorinary Trying to get pregnant? O'Periorinary Trying to get pregnant. O'Periorinary Trying to get pregna	Do you take, or have you taken, Phen-Fen or Redux?				(Yes		If yes				
Do you use tobacco? © fee ® No Do you use controlled substances? © Yes ® No If yes Nomen: Are you Pregnant/Trying to get pregnant? Nare you allergic to any of the following? Appril Appril Metal				or any other	Yes		If yes	STATE STATE			
Do you use controlled substances? Yes No If yes	Are you on a special diet?				Yes	(No					
Pregnant/Trying to get pregnant? Nursing? Taking oral contraceptives?	Do you use tobacco?	Do you use tobacco?									
Pregnant/Trying to get pregnant? Nursing?	Do you use controlled subst	ances?		No. of the last of	Yes	⊕ No	If yes		73 - 511 (20) (25) (3		
Are you allergic to any of the following? Agryin	Women: Are you	reonant?		Ţ,	Nursinn	7		111 111 111 111 11 11 11 11 11 11 11 11	Taking o	ral contraceptives?	
Asprirn	Fregishy i ying w geet	aregrante:		<u> </u>	<u></u> , , , , , , , , , , , , , , , , , ,	•					
Metal	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	following?	NOTO TITLE SHEET CACCACA PERSON CO.	Panicilin	LIEDVINO, LIEDVINO, MARIENWA,	and address of the second second		Codeine	**************************************	Acrylic Acrylic	
Do you have, or have you had, any of the following? AIDS/HIV Positive				Literated							
AIDS/HIV Positive	Other?						If yes		11.		ar still same til
Alzheimer's Disease	Do you have, or have you had	d, any of t	he follow	ing?	MARINES - 12 Property - 12 Pro						
Anaphylaxis	AIDS/HIV Positive	Yes	(No	Cortisone Medici	1e	(1) Yes	⊚ No	Hemophilia	Yes No	Radiation Treatments	Yes No
Anemia © Yes © No Angina © Yes © No Angina © Yes © No Arthritis/Gout © Yes © No Blood Transfusion © Yes © No Blood Transfusion © Yes © No Breathing Problems © Yes © No Bruise Easily © Yes © No Genital Herpes © Yes © No Chemotherapy © Yes © No Chemotherapy © Yes © No Chest Pains © Yes © No Congenital Heart Disorder © Yes © No Convulsions © Yes © No Convuls	Alzheimer's Disease	Yes	() No	Diabetes		Yes	No	Hepatitis A		Recent Weight Loss	🖱 Yes 🖱 Nø
Angina	Anaphylaxis	Yes	() No	Drug Addiction		Yes	(No	Hepatitis B or C	Yes Ne	Renal Dialysis	🖱 Yes 🖱 No
Arthritis/Gout © Yes © No Britis/Gout © Yes © No Greital Herpes © Yes © No Chemotherapy © Yes © No Chemotherapy © Yes © No Chest Pains © Yes © No Chest Pains © Yes © No Congenital Heart Disorder © Yes © No Congenital Heart Disorder © Yes © No Heart Attack/Failure © Yes © No Congenital Heart Disorder © Yes © No Heart Trouble/Disease © Yes © No Convulsions © Yes © No Heart Trouble/Disease © Yes © No Yellow Jaundice ©	Anemia	Yes	() No	Easily Winded		Yes	No	Herpes		Rheumatic Fever	🖱 Yes 🔘 No
Artificial Heart Valve	Angina	(Yes	(1) No	Emphysema		Yes	No	High Blood Pressure		Rheumatism	Yes No
Artificial Joint	Arthritis/Gout	Yes	(No	Epilepsy or Seizu	res	Yes	No	1 -			
Asthma	Artificial Heart Valve	Yes		Excessive Bleedi	ng	Yes	No	_			
Blood Disease	Artificial Joint	Yes	(C) No	1		Yes	No				
Blood Transfusion	Asthma	Yes		Fainting Spells/D	izziness	Yes	⊗ No	Irregular Heartbeat			
Breathing Problems	Blood Disease	Yes	() No	Frequent Cough		Yes	No	Kidney Problems			
Bruise Easily	Blood Transfusion	Yes	⊘ No	Frequent Diarrhe	a	Yes	No	Leukemia		Stomach/Intestinal Disease	e 💮 Yes 💮 No
Cancer	Breathing Problems	Yes		Frequent Heada	ches	Yes	No	Liver Disease	Yes	Stroke	
Chemotherapy Office No Chest Pains Office Poins Office	Bruise Easily	Yes	No	Genital Herpes		Yes	No	Low Blood Pressure	Yes	Swelling of Limbs	🖱 Yes 🔘 No
Chest Pains Chest Pains Ores Ono Cold Sores/Fever Blisters Ores Ono Congenital Heart Disorder Ores Ono Ores O	Cancer	Yes		Glaucoma		Yes	(No	Lung Disease	Yes N N N N N N N N N N N N N	Thyroid Disease	Yes No
Cold Sores/Fever Blisters	Chemotherapy	Yes		Hay Fever		Yes	No	Mitral Valve Prolapse		o Tonsilitis	Yes No
Congenital Heart Disorder	Chest Pains	Yes	() No	Heart Attack/Fai	lure	Yes	No	Osteoporosis		5 Tuberculosis	Yes No
Convulsions	Cold Sores/Fever Blisters	(Yes	(No	Heart Murmur		() Yes	No	Pain in Jaw Joints		Tumors or Growths	Yes No
Yellow Jaundice © Yes © No	Congenital Heart Disorder	(Yes		Heart Pacemake	r	衡 Yes	⊕ No	Parathyroid Disease	⊕ Yes ⊕ N	o Ulcers	Yes No
	Convulsions	Yes	⊚ No	Heart Trouble/D	sease	Yes	No	Psychiatric Care	⊕ Yes ⊕ N	•	
	Have you ever had any seri	ious illness	not liste	d above?	@ Vac	€ No.	If yes				
	Comments:			9 7 7 7 7 8							
Comments:											
Comments:											
Comments:						y answere	d. I under	stand that providing incor	rect information c	an be dangerous to my (or patie	nt's) health. It is my
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