MEDICAL HISTORY

PATIENT NAME			Birth Da	ite		
Although dental personnel primarily tre have, or medication that you may be t following questions.						
Have you ever been hospitalized or had Have you ever had a serious he Are you taking any medicatio Do you take, or have you taken, Ph Have you ever taken Fosamax, Bor other medications containing Are you	ead or neck injury? Yes (ns, pills, or drugs? Yes (en-Fen or Redux? Yes (iva. Actonel or any	No If y No If y No If y No O No	yes, please explain: yes, please explain: yes, please explain: yes, please explain:			
Pregnant/Trying to get pregnant?	es No Taking oral	contracepti	ves? O Yes O N	Nursing?	○ Yes ○ No	
Are you allergic to any of the following Aspirin Penicillin Other If yes, please explain:	_	nesthetics	Acrylic	c Metal	Latex	Sulfa drugs
Do you have, or have you had, any of AIDS/HIV Positive Yes No Alzheimer's Disease Yes No Anaphylaxis Yes No Anemia Yes No Angina Yes No Arthritis/Gout Yes No Artificial Heart Valve Yes No Asthma Yes No Asthma Yes No Blood Disease Yes No Blood Transfusion Yes No Bruise Easily Yes No Bruise Easily Yes No Cancer Yes No Chemotherapy Yes No Cold Sores/Fever Blisters Yes No Conyulsions Yes No Convulsions Illness	Cortisone Medicine Diabetes Prepare Addiction Casily Winded Emphysema Prepare Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizziness Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Pacemaker Heart Trouble/Disease Yes Prough Medicine Yes Prepare Seizures Yes Prepa	es No	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Osteoporosis Pain in Jaw Joints Parathyroid Disease 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 Dis 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 que dangerous to my (or patient's) health.						nation can be
SIGNATURE OF PATIENT, PARENT,	or GUARDIAN				DATE	