MEDICAL • HISTORY

Physician's Name_____ Phone _____

Have You Been Hospitalized in the Last Five (5) Years ❑yes ❑ no

Please Explain: _____

Preferred Pharmacy _____ Phone _____

Pharmacy Location _____

DRUG ALLERGIES (Please check/circle all that apply)

- ❍ Antibiotics.....Amoxicillin Clindamycin Cephalexin Erythromycin Penicillin Sulfa .....other _____
- ❍ Pain Medications.....Aspirin Codeine Darvocet Hydrocodone Oxycodone NSAIDS Tylenol .....other _____
- ❍ Dental Local Anesthesia..... Benzocaine Epinephrine Lidocaine Septocaine Carbocaine Marcaine .....other _____
- ❍ Sedatives.....Halcion (Triazolam) Valium (Diazepam) Xanax (alprazolam) Ambien (Zolpidem) ..other_____
- ❍ Metals.....Nickel Mercury Costume Jewelry Copper Gold Silver Amalgam .....other _____
- ❍ Latex /Rubber.....Latex gloves Rubber dam Elastic Band-aids Rubber cups (polishing).....other _____

Medical History

❍Artificial/Prosthetic Heart Valve
❍Cardiac Transplant
❍Immunosuppression
❍Congenital Heart Defect (CHD)
❍Heart Murmur w/ regurgitation
❍Orthopedic Surgery
❍Pins, posts, hip replacement
❍Previous Infective Endocarditis
❍Prosthetic Joints
❍Recent Heart Surgery last 6 mo
❍Rheumatic/Scarlet Fever
❍Shunts
❍Sickle Cell Anemia

Other disorder not listed:
_____
_____

❍Acid Reflux
❍AIDS
❍Allergies
❍Angina
❍Anemia
❍Arthritis
❍Asthma
❍Bleeding Tendency
❍Blood Disorder
❍Cancer
❍Chemotherapy
❍Chest Pain
❍COPD
❍Diabetes
❍Emphysema
❍Epilepsy

❍Fainting/Dizziness
❍Glaucoma
❍Hearing Impairment
❍Heart Attack
❍Heart Surgery
❍Heart Trouble
❍Hepatitis A-B-C
❍Herpes Oral
❍High Blood Pressure
❍Irregular Heartbeat
❍Kidney Disease
❍Liver Disease
❍Lung Disease
❍Organ Transplant
❍Osteoporosis
❍Pacemaker Heart

❍Paget's Disease
❍Periodontal Disease
❍Parathyroid Disease
❍Persistent Cough
❍Pregnancy/Nursing
❍Prostate Disease
❍Psychiatric Treatment
❍Radiation Treatment
❍Shortness of Breath
❍Sinus Trouble
❍Steroid or Cortisone Use
❍Stroke
❍Strong Gag Reflex
❍Thyroid Disease
❍Transient Ischemic Attack
❍Tuberculosis
❍Ulcers

Current prescription medications: _____

Current Herbal or Over the Counter Medications: _____

Have you ever taken medications for OSTEOPOROSIS? ❑Yes ❑No

Which drug? ❑Actonel ❑Aredia ❑Boniva ❑Fosamax ❑Zometa ❑Other

Do you smoke, chew tobacco, or dip? _____ # of years?_____ How often?_____

Are you at risk for oral cancer? (Check all that apply)

❑Alcohol Use ❑White or Red Patches in Mouth ❑Sun Exposure ❑HPV virus ❑ Tobacco

Do you ever use any recreational drugs? ❑ Yes ❑ No Be specific: _____

For your protection: Some drugs may interfere with dental anesthetics, prescriptions, or sedatives, and their combinations can be dangerous if combined. All information provided is strictly confidential and will not be shared.

I certify that I have answered the questions on this health history accurately and completely.

Signature _____ Printed Name _____ Date _____