MEDICAL HISTORY

PATIENT NAME		Birth Da	te		•
Although dental personnel primarily have, or medication that you may be following questions.					
lave you ever been hospitalized or had Have you ever had a serious h Are you taking any medicati Do you take, or have you taken, F Have you ever taken Fosamax, Bo	nead or neck injury? Yes N ions, pills, or drugs? Yes N Phen-Fen or Redux? Yes N oniva, Actonel or any	No If yes, please explain: No If yes, please explain: No If yes, please explain:			
D	ou on a special diet? Yes No you use tobacco? Yes No trolled substances? Yes No	lo lo	n Nursing?	○ Yes ○ No	,
Are you allergic to any of the followin		☐ Acrylic	☐ Metal	Latex	Sulfa drugs
□ other If yes, please explain:		9			Sulla di digs
Do you have, or have you had, any of AIDS/HIV Positive Yes No AIzheimer's Disease Yes No Anaphylaxis Yes No Anaphylaxis Yes No Anaphylaxis Yes No Anaphylaxis Yes No Anthritis/Gout Yes No Artificial Heart Valve Yes No Artificial Joint Yes No Blood Disease Yes No Blood Disease Yes No Breathing Problem Yes No Breathing Problem Yes No Cancer Yes No Chemotherapy Yes No Condest Pains Yes No Congenital Heart Disorder Yes No Conyulsions Yes No Convulsions Yes No Convulsions Illne	Cortisone Medicine Yes Diabetes Yes Drug Addiction Yes Easily Winded Yes Emphysema Yes Epilepsy or Seizures Yes Excessive Bleeding Yes Excessive Thirst Yes Fainting Spells/Dizziness Yes Frequent Cough Yes Frequent Diarrhea Yes Frequent Headaches Yes Genital Herpes Yes Glaucoma Yes Hay Fever Yes Heart Attack/Failure Yes Heart Murmur Yes Heart Pacemaker Yes Heart Trouble/Disease	No Hepatitis A No Hepatitis B or C No Herpes No High Blood Pressure High Cholesterol No Hives or Rash No Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease No Low Blood Pressure Lung Disease No Mitral Valve Prolapse Osteoprosis No Pain in Jaw Joints No Pressure No Postartic 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 N
Comments:					
To the best of my knowledge, the qu dangerous to my (or patient's) health					ation can be
	Γ, or GUARDIAN			DATE	