

HEALTH HISTORY

| DOB:

Summary

Medical Conditions	none listed
Allergies	none listed
Medications	none listed

General Health Information

Are you currently under the care of a physician?	
When was your last physical?	
Have you had any serious illnesses, or have been hospitalised in the last 5 years?	
Women Only:	
Have you had an orthopedic total joint (hip, knee, elbow, finger) replacement?	
Do you take antibiotic premedication for your dental visits?	
What is your estimate of your general health?	
Describe any current medical treatment, impending surgery, or other treatment that may possibly affect your dental treatment.	
Physician Name and Phone Number:	
Pharmacy Name and Phone Number	

Medical Conditions

Do you have or have you had an allergic reaction to any of the following?

Allergy-Amoxicillin	
Allergy-Anesthetic	
Allergy-Aspirin	
Allergy-Benzodiazapi	
Allergy-Cephalexin	
Allergy-Cephlasporin	
Allergy-Clindamycin	
Allergy-Codeine	
Allergy-Entex	
Allergy-Epinephrine	
Allergy-Gluten	
Allergy-Ibuprofen	
Allergy-Latex	
Allergy-Levofloxacin	

Allergy-Medication	
Allergy-Metronidazol	
Allergy-Naproxin	
Allergy-NSAIDS	
Allergy-Oxycodone	
Allergy-Penicillin	
Allergy-Seasonal	
Allergy-Sulfa	
Allergy-Toprol	
Allergy-Tylenol	
Allergy-Vicodin	
Allergy-Warfarin	
Allergy-Other	
Do you have any medical conditions?	
*Premed-Amoxicillin	
Premed-Clindamycin	
ADD/ADHD	
Alcohol Dependancy	
Anemia	
Arthritis	
Artificial Joints	
Asthma	
Autism	
Been exposed to anyone with Tuberculosis	
Bleeding-Excessive	
Blood-Clotting	
Blood Disease	
Blood Pressure-High	
Blood Pressure-Low	
Blood Thinner	
Brain Surgery	
Cancer	
Cardiovascular Disease	
Cerebral palsy	
Chemical Dependency	
Chemotherapy	
Chronic Headaches	
Circulatory Problems	
Cough that produces blood	
Crohns Disease	
Dizziness/Fainting	

Dental Anxiety	
Diabetes	
Epilepsy	
Fibromyalgia	
GERD/Ulcers/Reflux	
Glaucoma	
Growths	
Hay Fever	
Head Injuries	
Headaches	
Hearing Loss	
Heart-A-fib	
Heart-CHF	
Heart- Disease	
Heart-Mitral Valve	
Heart- Murmur	
Heart- Pacemaker	
Heart- Problems	
Hepatitis	
Hip Replacement	
HIV/AIDS	
Immune Deficiency	
Kidney Disease	
Knee Surgery	
Liver Disease	
Mental Disorders	
Multiple Sclerosis	
Narcolepsy	
Nervous Conditions	
Osteoarthritis	
Osteopenia	
Osteoporosis	
Other	
Parkinson's	
Persistant cough greater then 3 weeks	
Pre-Diabetic	
Presently being treated for any other illnesses/conditions	
Psychiatric care	
Radiation Treatment	
Recent hospitalization (illness or injury)	
Respiratory/COPD	

Rheumatic Fever	
Rheumatism	
Seizures	
Sinus Problems	
Sleep Apnea	
Smoker/Vaper	
Spinal Stenosis	
STI's	
Stroke	
Thallasemia	
Thyroid Condition	
Tobacco Use- Smoke, Vape or Chew	
TMJ Disorder	
Tuberculosis	
Vertigo	
Vision Loss	
x Other Note Below	
If any conditions or alerts selected above need further clarification, please describe below:	

Bone Density Treatment

Since 2001, were you treated or are you presently scheduled to begin treatment with the intravenous bisphosphonates (Aredia or Zometa) for bone pain, hypercalcemia or skeletal complications resulting from Paget's disease, multiple myeloma, or metastatic cancer?

Are you taking or scheduled to begin taking either of the medications, alendronate (Fosamax?) or risedronate (Actonel?) for osteoporosis or Paget's disease?

Medications

Are you taking or have recently taken prescription or over the counter medication?

Patient's signature:

Date:

General Dentist's
signature:

Date: