## **MEDICAL HISTORY**

PATIENT NAME		Birth Date	
		outh, your mouth is a part of your entire errelationship with the dentistry you will	
Have you ever been hospitalized or ha Have you ever had a serious Are you taking any medicat Do you take, or have you taken, F Have you ever taken Fosamax, Bo other medications containin	head or neck injury?  Yes No pions, pills, or drugs? Yes No Phen-Fen or Redux? Yes No poniva, Actonel or any Yes No g bisphosphonates?	If yes, please explain:  If yes, please explain:  If yes, please explain:	
Ĺ	ou on a special diet?  Yes No to you use tobacco? Yes No atrolled substances? Yes No Yes No Taking oral contrai		? () Yes () No
—Are you allergic to any of the followir  ☐ Aspirin ☐ Penicillin  ☐ Other If yes, please explain:			
AIDS/HIV Positive Yes No Alzheimer's Disease Yes No Anaphylaxis Yes No Angina Yes No Arthritis/Gout Yes No Artificial Heart Valve Yes No Blood Disease Yes No Blood Transfusion Yes No Breathing Problem Yes No Breathing Problem Yes No Cancer Yes No Chemotherapy Yes No Congenital Heart Disorder Yes No Convulsions Illness	Cortisone Medicine Yes 1 Diabetes Yes 1 Drug Addiction Yes 1 Easily Winded Yes 1 Emphysema Yes 1 Excessive Bleeding Yes 1 Excessive Thirst Yes 1 Frequent Cough Yes 1 Frequent Diarrhea Yes 1 Frequent Headaches Yes 1 Genital Herpes Yes 1 Hay Fever Yes 1 Heart Attack/Failure Yes 1	No Hepatitis A Yes No Hepatitis B or C Yes No Herpes Yes No Herpes Yes No High Blood Pressure Yes No High Cholesterol Yes No Hives or Rash Yes No Hypoglycemia Yes No Hregular Heartbeat Yes No Kidney Problems Yes No Leukemia Yes No Low Blood Pressure Yes No Low Blood Pressure Yes No Mo Lung Disease Yes No Mo Mitral Valve Prolapse Yes No No No Pain in Jaw Joints Yes No No No Parathyroid Disease Yes No No No Parathyroid Disease Yes No No No Polin in Jaw Joints Yes No No No Polin in Jaw Joints Yes No No No Parathyroid Disease Yes No No No Polin in Jaw Joints Yes No No No No Polin in Jaw Joints Yes No No No No Polin in Jaw Joints Yes No No No No Polin in Jaw Joints Yes No No No No Polin in Jaw Joints Yes No No No No Polin in Jaw Joints Yes No No No No Polin in Jaw Joints Yes No No No No No Polin in Jaw Joints Yes No No No No No Polin in Jaw Joints Yes No	Radiation Treatments  Yes No Recent Weight Loss Yes No Renal Dialysis Yes No Rheumatic Fever Yes No Rheumatism Yes No Scarlet Fever Yes No Shingles Yes No Sickle Cell Disease Yes No Spina Bifdia Yes No Stowach/Intestinal Disease Yes No Stroke Yes No Swelling of Limbs Yes No Thyroid Disease Yes No Thyroid Disease Yes No Tuberculosis Yes No Tuberculosis Yes No Tumors or Growths Ulcers Yes No Yesllow Jaundice Yes No Yeslow Jaundice
Comments:			
		urately answered. I understand that proe e dental office of any changes in medic	
SIGNATURE OF PATIENT PAREN	IT or CHARDIAN		DATE