## **MEDICAL HISTORY**

PATIENT NAME		Birth Date	
Although dental personnel primarily tr have, or medication that you may be t following questions.			body. Health problems that you may receive. Thank you for answering the
Have you ever been hospitalized or had Have you ever had a serious he Are you taking any medication Do you take, or have you taken, Phe Have you ever taken Fosamax, Bore other medications containing Are you	ead or neck injury? Yes No ons, pills, or drugs? Yes No nen-Fen or Redux? Yes No	If yes, please explain:  If yes, please explain:  If yes, please explain:	
Women: Are you		antina 20 Vac Na Na Namaia	-0 O V O N
Pregnant/Trying to get pregnant?		eptives? Yes No Nursing	g? () Yes() No
Are you allergic to any of the following  Aspirin Penicillin  Other If yes, please explain:	Codeine Local Anesthet	ics Acrylic Meta	al 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 Blood Disease Yes No Blood Transfusion Yes No Bruise Easily Yes No Cancer Yes No Chemotherapy Yes No Conyulsions Yes No Convulsions Yes No Have you ever had any serious illness	Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizziness Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/Disease  Yes N N N N N N N N N N N N N N N N N N N	O Hepatitis A Yes No O Hepatitis B or C Yes No O Herpes Yes No O High Blood Pressure Yes No O High Cholesterol Yes No O Hives or Rash Yes No O Hypoglycemia Yes No O Hypoglycemia Yes No O Leukemia Yes No O Leukemia Yes No O Low Blood Pressure Yes No O Low Blood Pressure Yes No O Mitral Valve Prolapse Yes No O Osteoporosis Yes No O Parathyroid Disease Yes No O Perstand Yes No O Perstand Yes No O Parathyroid Disease Yes No O Parathyroid Disease Yes No O Perstand Yes No O Perstand Yes No O Parathyroid Disease Yes No O Parathyroid Disease Yes No O Perstand Yes	Recent Weight Loss
Comments:			
To the best of my knowledge, the que dangerous to my (or patient's) health	. It is my responsibility to inform the		