MEDICAL HISTORY

PATIENT NAME		Birth Date	
Although dental personnel primarily treat the have, or medication that you may be taking, following questions.			
Have you ever been hospitalized or had a m Have you ever had a serious head Are you taking any medications, Do you take, or have you taken, Phen- Are you on Do you	ajor operation? Yes No If yes, pl or neck injury? Yes No If yes, pl bills, or drugs? Yes No If yes, pl or Redux? Yes No a special diet? Yes No	ease explain: ease explain: ease explain: ease explain: Women: Are you Pregnant/Trying to get pregnation Taking oral contraceptives?	ant? Nursing?
Are you allergic to any of the following? Aspirin Penicillin Codeine Acrylic Metal Latex Local Anesthetics Other If yes, please explain:			
Anaphylaxis Congenital Anemia Convulsion Angina Cortisone M Arthritis/Gout Diabetes Artificial Heart Valve Drug Addic Artificial Joint Easily Wine Asthma Emphysem Blood Disease Epilepsy or Blood Transfusion Excessive Breathing Problem Excessive Bruise Easily Fainting Sp Cancer Frequent D	Frequent Headaches Fever Blisters Genital Herpes Heart Disorder Glaucoma Hay Fever Hedicine Heart Attack/Failure Heart Murmur Heart Pace Maker Hed Heart Trouble/Disease Hemophilia Seizures Hepatitis A Bleeding Hepatitis B or C Thirst Herpes High Blood Pressure Dugh Hives or Rash	Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Pain in Jaw Joints Parathyroid Disease Psychiatric Care Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism	Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease Yellow Jaundice
Comments:			
To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status. SIGNATURE OF PATIENT, PARENT, or GUARDIAN			