MEDICAL HISTORY

PATIENT NAME		Birth Date	
Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication that you may be taking, could have an important interrelationship with the dentistry you will receive. Thank you for answering the 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 Do you use controlle -Women: Are you	hajor operation? Yes No or neck injury? Yes No pills, or drugs? Yes No Fen or Redux? Yes No a special diet? Yes No use tobacco? Yes No d substances? Yes No	If yes, please explain:	
Pregnant/Trying to get pregnant? Yes No Taking oral contraceptives? Yes No Nursing? Yes No			
Aspirin Penicillin Comparison Other If yes, please explain:	odeine Acrylic	Metal Latex Local	Anesthetics
Alzheimer's Disease Yes No Diat Anaphylaxis Yes No Druy Anemia Yes No Eas Angina Yes No Emp Arthritis/Gout Yes No Epil Artificial Heart Valve Yes No Exc Asthma Yes No Fair Blood Disease Yes No Free Blood Transfusion Yes No Free Bruise Easily Yes No Free Cancer Yes No Glau Chemotherapy Yes No Hay Chest Pains Yes No Heat Cold Sores/Fever Blisters Yes No Heat	tisone Medicine Yes No betes Yes No g Addiction Yes No ily Winded Yes No obysema Yes No epsy or Seizures Yes No essive Bleeding Yes No essive Thirst Yes No nting Spells/Dizziness Yes No quent Cough Yes No quent Diarrhea Yes No quent Headaches Yes No quent Headaches Yes No ital Herpes Yes No refever Yes No refever Yes No art Attack/Failure Yes No art Murmur Yes No art Trouble/Disease Yes No	Hepatitis A Yes No Hepatitis B or C Yes No Herpes Yes No High Blood Pressure Yes No Hives or Rash Yes No Hypoglycemia Yes No Hypoglycemia Yes No Irregular Heartbeat Yes No Kidney Problems Yes No Leukemia Yes No Low Blood Pressure Yes No Lung Disease Yes No Mitral Valve Prolapse Yes No Parin in Jaw Joints Yes No Parathyroid Disease Yes No Parathyroid Disease Yes No Parathyroid Disease Yes No Parathyroid Disease 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 Sinus Trouble Yes No Spina Bifida Yes No Stomach/Intestinal Disease Yes No Stroke Yes No Swelling of Limbs Yes No Thyroid Disease Yes No Tuberculosis Yes No Tumors or Growths Yes No Ulcers Yes No Yellow Jaundice Yes No
Comments:			
To the best of my knowledge, the questions dangerous to my (or patient's) health. It is n			