Medical History

* Although dental personnel primarily treat the area in and around your mouth, your mouth is 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. *

Are you currently under a physician's care? Y__ N__
Name of Physician: _____
Have you ever been hospitalized or had a major operation? Y__ N__
If yes, please explain: _____
Do you use tobacco? Y__ N__
Do you used controlled substances? Y__ N__
Please list all medications you are currently
taking: _____
. _____

Women:
Are you pregnant? Y__ N__ If yes, please give name of physician: _____
Trying to get pregnant? Y__ N__
Nursing? Y __ N __
Taking oral contraceptives? Y __ N__

Are you allergic to any of the following?
Aspirin __ Penicillin __ Codeine __ Acrylic __ Metal __ Latex __ Local Anesthetics __
Other: _____

Do you have, or have you had, any of the following?

__ AIDS/HIV Positive
__ Alzheimer's Disease
__ Anaphylaxis
__ Anemia
__ Angina
__ Arthritis/Gout
__ Artificial Heart Valve
__ Artificial Joint
__ Asthma
__ Blood Disease
__ Blood Transfusion
__ Breathing Problem
__ Cancer
__ Chemotherapy
__ Spina Bifida
__ Tumors/Growths
__ Stomach/Intestinal Disease
__ Chest Pains
__ Cold Sores/Fever Blisters
__ Congenital Heart Disorder
__ Convulsions
__ Cortisone Medicine
__ Diabetes
__ Drug Addiction
__ Emphysema
__ Epilepsy or Seizures
__ Excessive Bleeding
__ Fainting Spells/Dizziness
__ Genital Herpes
__ Glaucoma
__ Hay Fever
__ Stroke
__ Ulcers
__ Heart Attack/Failure
__ Heart Murmur
__ Heart Pace Maker
__ Hemophilia
__ Hepatitis A
__ Hepatitis B or C
__ Herpes
__ High Blood Pressure
__ Hypoglycemia
__ Irregular Heartbeat
__ Kidney Problems
__ Leukemia
__ Liver Disease
__ Thyroid Disease
__ Venereal 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
__ Sickle Cell Disease
__ Sinus Trouble
__ Tuberculosis
__ Yellow Jaundice

Have you ever had any serious illness not listed above? Y__ N__
If yes, please explain: _____