

MEDICAL HISTORY (All answers will be considered confidential)

Are you in good health? Yes No
Are you currently under the care of a physician? Yes No

If yes, what is the condition being treated? _____

What is the name and phone number of your physician? _____

Please list any prescription or non-prescription medication you are currently taking:

Do you have, or have you had, any of the following diseases, conditions, or problems?

Damaged heart valves or artificial heart valves?	Yes	No
Heart murmur?	Yes	No
Mitral Valve Prolapse?	Yes	No
Rheumatic heart disease?	Yes	No
Artificial hip replacement?	Yes	No
Have you ever taken Phen Phen?	Yes	No
Seasonal allergies, hay fever, asthma?	Yes	No
Fainting spells?	Yes	No
Seizures?	Yes	No
Hepatitis (Circle which one....A, B, C)?	Yes	No
Jaundice?	Yes	No
Liver Disease?	Yes	No
AIDS?	Yes	No
HIV Positive?	Yes	No
Thyroid problems?	Yes	No
Emphysema?	Yes	No
Bronchitis?	Yes	No
Tuberculosis?	Yes	No
Arthritis or painful swollen joints?	Yes	No
Stomach ulcer or hyperacidity?	Yes	No
Kidney trouble?	Yes	No
Persistent swollen glands in neck?	Yes	No
High or low blood pressure? If yes, which one? _____	Yes	No
Sexually transmitted disease?	Yes	No
Epilepsy or other neurological disease?	Yes	No
Cancer?	Yes	No
Problems with immune system?	Yes	No
Are you pregnant?	N/A	Yes No
Are you taking birth control pills?	N/A	Yes No
ARE YOU ALLERGIC TO ANY MEDICATION?	Yes	No

If yes, please list: _____

DENTAL HISTORY

Have you had sinus trouble associated with any previous dental work? Yes No

Are you wearing a removable dental appliance? Yes No

When were you last seen by a dentist? _____

When was your last professional dental cleaning? _____

Have you ever been diagnosed with periodontal disease? Yes No

If yes, when, and please list any treatment received: _____

Signature of Patient or Guardian

Date

(For subsequent visits only) I have read my answers to the medical history questions above and noted all changes.

1) _____ 2) _____ 3) _____ 4) _____
Initials Date Initials Date Initials Date Initials Date