



MEDICAL HISTORY

NAME

DOB

Are you under a physician's care for a medical issue now? YES NO

IF YES, PLEASE EXPLAIN:

PHYSICIAN'S NAME

PHONE

Do you use tobacco? YES NO

DATE OF YOUR LAST
PHYSICAL EXAM

Do you require pre-med antibiotic before dental visits? YES NO

IF YES, PLEASE LIST
NAME AND REASON
FOR TAKING PRE-MED
ANTIBIOTIC:

Have you ever had a serious head or neck injury? YES NO

Have you been hospitalized in the last 5 years? YES NO

IF YES, WHY?

DATE

Are you allergic to any of the following?

ASPIRIN

PENICILLIN

CODEINE

LATEX

LOCAL ANESTHETICS

SULFA DRUGS

TETRACYCLINE

OTHER

Con't next page



MEDICAL HISTORY (Con't)

Please check if have, or have you had, any of the following: (Check all that apply)

- | | | | |
|-------------------------|----------------------|------------------------|------------------------|
| AIDS / HIV Positive | Parkinson's Disease | Heart Murmur | Chest Pains |
| Angina | Radiation Treatments | Hepatitis A, B or C | Emphysema / Bronchitis |
| Artificial Joint | Sinus Trouble | Lung Disease | Frequent Headaches |
| Cancer | Alzheimer's Disease | Psychiatric Care | Pace Maker |
| Cold Sores / Blisters | Asthma | Respiratory Disease | High Blood Pressure |
| Epilepsy | Arthritis | Stroke | Mitral Valve Prolapse |
| Glaucoma | Chemotherapy | Anemia | Prolonged Bleeding |
| Heart Disease / Trouble | Diabetes | Artificial Heart Valve | Rheumatic Fever |
| Kidney / Liver Problems | Fainting / Dizziness | Blood Disorders | Thyroid Disease |

PLEASE LIST ALL
MEDICATIONS YOU
ARE CURRENTLY
TAKING (INCLUDING
ANY BLOOD THINNERS
OR BISPSPHONATES):

Are you taking any blood thinners?

COUMADIN PLAVIX ASPIRIN XARELTO ELIQUIS EVISTA PRADAXA

OTHER

Are you taking any bisphosphonates?

AREDIA BONIVA ZOMETA FORTEO PROLIA RECLAST FOSAMAX

OTHER

Are you under the care of a Cardiologist? YES NO

IF YES, REASON:

PHYSICIAN'S NAME

WOMEN ONLY:

Are you pregnant? YES NO Nursing? YES NO Taking Oral Contraceptives? YES NO

SIGNATURE

DATE