

MEDICAL HISTORY:

Physician's Name: _____ Phone Number _____

Please answer the following questions as completely as possible (circle/check "Yes" or "No")

1. Are you now or have you been under a physician's care within the past year? Yes __ No __
If yes, specify condition being treated _____

2. Do you take any medication, including birth control pills? Yes __ No __
Please specify name and purpose of medications:

3. Do you require antibiotic pre-medication for a heart condition, artificial valve or joint? Yes __ No __

4. Do you have or have you ever had:
Rheumatic fever Yes __ No __ Venereal Disease Yes __ No __
Heart Murmur Yes __ No __ Hepatitis Yes __ No __
Heart Condition Yes __ No __ High Blood Pressure Yes __ No __
Asthma Yes __ No __ Diabetes Yes __ No __
AIDS Yes __ No __ Fen-Phen Diet Pills Yes __ No __
HIV Positive Yes __ No __ Abnormal bleeding Yes __ No __
Any other problem or disease? Please specify. _____

5. Have you ever had an unusual reaction or are you allergic to any of the following? (Please circle)
Penicillin Aspirin Acetaminophen Ibuprofen Codeine Sulfa Drugs
Latex Metals Barbiturates Other _____

6. Do you have any other allergies? Yes __ No __
If yes, please describe _____

7. Are you allergic to any local anesthetic? Yes __ No __

8. Have you ever had a severe reaction to dental treatment or local anesthetics? Yes __ No __

9. Have you ever received counseling for excessive use of alcohol and/or prescription drugs?
Yes __ No __

10. WOMEN: Are you pregnant? Yes __ No __ If yes, when are you due? _____

11. How long ago did you last see a dentist? _____

12. Who was your previous dentist? _____

I hereby certify that the answers to the foregoing questions are accurate to the best of my ability.

Signature _____ Date _____
(Patient, legal guardian or authorized agent of patient)

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____

Update Signature _____ Date _____