MEDICAL HEALTH HISTORY

PATIENT NAME: _____ TODAYS DATE_____

_____ DATE OF BIRTH _____

Welcome! So that we may provide you with the best possible care, please complete both sides of this medical/dental history form. All information is completely confidential.

PATIENT MEDICAL HISTORY

	YES	NO
1. Have there been any changes in your health within the past year?	❑	❑
2. Are you currently under medical care? If so, please explain. _____	❑	❑
3. Have you ever had a serious illness or operation? If so, explain	❑	❑
4. Do you drink alcohol?	❑	❑
5. Do you use tobacco products?	❑	❑
6. Do you use recreational drugs?	❑	❑

7. Are you allergic to or have you had any reactions to the following?

YES	NO		YES	NO	
❑	❑	Local anesthetics	❑	❑	Barbiturates
❑	❑	Aspirin	❑	❑	Penicillin or other antibiotics
❑	❑	Narcotics			
❑	❑	Sedatives	❑	❑	Sulfa drugs
❑	❑	Iodine	❑	❑	Other

_____

_____

	YES	NO
8. WOMEN ONLY:		
a) Are you pregnant or think you may be pregnant?	❑	❑
b) Are you nursing?	❑	❑
c) Are you taking birth control pills?	❑	❑

9. Do you have or have you had any of the following?

YES	NO		YES	NO		YES	NO	
❑	❑	Heart (Surgery, Disease, Attack)	❑	❑	Stroke	❑	❑	Hepatitis A B C
❑	❑	Chest Pain	❑	❑	Diabetes	❑	❑	Venereal Disease
❑	❑	Congenital Heart Disease	❑	❑	Thyroid Problems	❑	❑	AIDS/HIV positive
❑	❑	Heart Murmur	❑	❑	Ulcers	❑	❑	Cold Sores
❑	❑	High Blood Pressure	❑	❑	Acid/Gastric Reflux	❑	❑	Blood Transfusion
❑	❑	Mitral Valve Prolapse	❑	❑	Emphysema	❑	❑	High Cholesterol
❑	❑	Artificial Heart Valve	❑	❑	Chronic Cough	❑	❑	Blood Disorder
❑	❑	Heart Pacemaker	❑	❑	Tuberculosis	❑	❑	Bruise Easily
❑	❑	Rheumatic Fever	❑	❑	Asthma	❑	❑	Liver Disease
❑	❑	Fen-Phen or Vioxx	❑	❑	Hay Fever	❑	❑	Yellow Jaundice
❑	❑	Arthritis/Rheumatism	❑	❑	Latex Sensitivity	❑	❑	Neurological Disorders
❑	❑	Swollen Ankles	❑	❑	Allergies or Hives	❑	❑	Epilepsy or Seizures
❑	❑	Kidney Disease	❑	❑	Sinus Trouble	❑	❑	Fainting / Dizzy Spells
❑	❑	Artificial Joints (Hip, knee, etc.)	❑	❑	Radiation Therapy	❑	❑	Depression
❑	❑	Bone Cancer	❑	❑	Chemotherapy	❑	❑	Nervous/Anxious
❑	❑	Osteoporosis	❑	❑	Tumors	❑	❑	Other_____

For Office Use Only

CC: _____

_____ Referred by: _____

Date Reviewed:

-- Continued on other side --