

Confidential Medical History

1. Have you been told that you have any of the following, past or present? Please circle.

High blood pressure	Snoring problems	Herpes	Arthritis
Low blood pressure	Shortness of breath	Cancer	Stroke
Thyroid problems	Dry mouth	Psychiatric care	Tuberculosis (TB)
Heart trouble	Blurred vision	Venereal disease (VD)	Diabetes
Kidney trouble	Ulcers	Scarlet fever	Epilepsy
Liver trouble	Chest pains	Asthma	Hepatitis
Lung trouble	Fainting spells	HIV+	AIDS
Sinus problems	Nervous disorders	Blood Disorders	Canker sores
Headaches	Rheumatic fever	Physical handicap	Cold sores

2. Date of last physical examination _____ Blood Tests _____
Doctors Name _____ Address _____ Phone _____

(Circle)

3. Yes No Are you presently being treated by a physician for any medical problem?
Please specify _____

4. Yes No Have you ever been hospitalized for any operations or illnesses? (Specify with dates.)

5. Yes No Are you taking any pills, drugs or medications, including herbal or vitamin supplements?
(Names, strengths, and dosage) _____

6. Yes No Have you taken any prolonged medication in the past, prescription, or nonprescription?

7. Yes No Have you had rheumatic fever, heart disease, or heart murmurs?

8. Yes No Have you ever needed antibiotic premedication prior to dental appointments before?

9. Yes No Are you short of breath? Do you have lung disease? Do you wheeze or cough?

10. Yes No Do you have any blood condition? Do you bleed or bruise easily?

11. Yes No Have you taken cortisone or steroids? _____

12. Yes No Do you have any allergies to any drugs or medicines? i.e. penicillin, ASA, Sulfa, codeine

13. Yes No Have you any other allergies or sensitivities? _____

14. Yes No Has your weight changed in the last 6 months? _____

15. Yes No Have you received any radiation or X-ray therapy? _____

16. Yes No Do you smoke? How much? How long? _____

WOMEN ONLY

17. Yes No Are you Pregnant? Due Date? _____

I have answered these questions to the best of my knowledge and I will inform you of any changes.

Date _____ Signature _____