

# MEDICAL HISTORY

Name \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Date of Last Visit \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Please circle Yes or No (If Yes, please fill in the details)

Yes No Are you taking any medications? If so, please list.

\_\_\_\_\_

Yes No Are you allergic to any medication? If so, please list.

\_\_\_\_\_

Yes No Do you have a history of a major illness? If so, please provide more information.

\_\_\_\_\_

Yes No Have you had any major operations? If so, please provide more information.

\_\_\_\_\_

Yes No Have you ever been involved in a serious accident?

Yes No Have you been treated in the hospital in the past 2 years?

Yes No Females: Are you pregnant or nursing?

Yes No Have you ever been told that you need to take an antibiotic prior to dental treatment?

Yes No Have you ever had a blood test for hepatitis? If yes, were you vaccinated? \_\_\_\_\_

Please circle Yes or No if you have had or currently have any of the medical conditions listed below:

Abnormal Bleeding/Hemophilia	Yes	No	Implant	Yes	No
Abnormal Blood Pressure	Yes	No	Jaundice	Yes	No
AIDS	Yes	No	Joint Replacement	Yes	No
Allergies	Yes	No	Kidney Problems	Yes	No
Anemia	Yes	No	Lung Disease	Yes	No
Arthritis	Yes	No	Mitral Valve Prolapse	Yes	No
Asthma	Yes	No	Nervous Disorders	Yes	No
Bone Disorders	Yes	No	Organ Transplant	Yes	No
Chemotherapy	Yes	No	Pacemaker	Yes	No
Congenital Heart Problems	Yes	No	Pneumonia	Yes	No
COPD	Yes	No	Prolonged Bleeding	Yes	No
Diabetes	Yes	No	Prolonged Cough	Yes	No
Dizziness	Yes	No	Psychiatric Treatment	Yes	No
Drug Dependence	Yes	No	Rheumatic Fever	Yes	No
Epilepsy	Yes	No	Sickle Cell Anemia	Yes	No
Fainting	Yes	No	Stroke	Yes	No
Gastrointestinal Disorders	Yes	No	Sinus Trouble	Yes	No
Glaucoma	Yes	No	Thyroid Disease	Yes	No
Heart Defect or Heart Murmur	Yes	No	Tuberculosis	Yes	No
Hepatitis	Yes	No	Tumor or Cancer	Yes	No
Herpes	Yes	No	Ulcers	Yes	No
High Cholesterol	Yes	No	Venereal Disease	Yes	No
HIV Positive	Yes	No			

Are there any medical conditions we have not discussed that you feel we should be aware of?

Signature \_\_\_\_\_ Date \_\_\_\_\_