MEDICAL HISTORY

Although dental personnel primarily tr have, or medication that you may be following questions.	-		•			
Are you under a physician's care now? Yes No Have you ever been hospitalized or had a major operation? Yes No Have you ever had a serious head or neck injury? Yes No Are you taking any medications, pills, or drugs? Yes No Do you take, or have you taken, Phen-Fen or Redux? Yes No Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?		No If yes, please explai No If yes, please explai No If yes, please explai No	If yes, please explain: If yes, please explain: If yes, please explain: If yes, please explain:			
Do	u on a special diet? Yes you use tobacco? Yes rolled substances? Yes	No				
Pregnant/Trying to get pregnant?	Yes No Taking oral cor	ntraceptives? Yes	No Nursing?	○ Yes ○ No		
Are you allergic to any of the following Aspirin Penicillin Other If yes, please explain:	g? Local Anes	sthetics Acry	rlic Metal	Latex	Sulfa drugs	
AIDS/HIV Positive Yes No Alzheimer's Disease Yes No Anaphylaxis Yes No Anaphylaxis Yes No Anaphylaxis Yes No Angina Yes No Artificial Heart Valve Yes No Asthma Yes No Blood Disease Yes No Blood Transfusion Yes No Bruise Easily Yes No Cancer Yes No Chemotherapy Yes No Conyulsions Yes No Convulsions Yes No Have you ever had any serious illness	Cortisone Medicine Yes (Diabetes Yes) Drug Addiction Yes (Easily Winded Yes) Emphysema Yes (Emphysema Yes) Excessive Bleeding Yes) Excessive Thirst Yes (Excessive Thirst Yes) Frequent Cough Yes (Frequent Cough Yes) Frequent Headaches Yes) Genital Herpes Yes (Glaucoma Yes) Hay Fever Yes (Heart Attack/Failure Yes) Heart Murmur Yes (Heart Pacemaker Yes) Heart Trouble/Disease Yes (Heart Trouble/Disease Yes)	No No No Hepatitis A Hepatitis B or C No No Herpes No High Blood Pressu High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease No No No No No Mitral Valve Prolap Osteoporosis No No Pain in Jaw Joints Parathyroid Disease No No Parathyroid Disease Psychiatric Care	Yes No	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Dise Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease Yellow Jaundice	Yes	
Comments:						
To the best of my knowledge, the que dangerous to my (or patient's) health					ation can be	
SIGNATURE OF PATIENT, PARENT	or GUARDIAN			DATE		