

Patient Name: _____

Medical History

Date: _____ Date of Birth: _____

Physician Name: _____ City: _____ Phone: _____

Pharmacy: _____ City: _____ Phone: _____

Y N

- Are you in good health? If not, explain: _____
- Are you under the care of a physician? If so, for what: _____
- Have you been hospitalized in the past 5 years? If so, for what: _____
- Have you been advised to take antibiotic premedication before dental treatment? If so, for what: _____
- Do you smoke or use tobacco? If so, how much? _____
- Do you drink alcoholic beverages? If so, how much? _____

Sex: M F

Height: _____ feet _____ inches

Weight: _____ lbs

If female, please answer the following:

Y N

- Are you pregnant? If yes, # of weeks _____
- Are you nursing?

Y N

- Are you taking birth control pills?
- Are you taking hormonal replacement?

Do you have or have you ever had:

Y N Conditions

- Congestive Heart Failure
- Cardiovascular Disease
- Arteriosclerosis
- Heart Attack
- Angina Pectoris
- High Blood Pressure
- Low Blood Pressure
- Heart Murmur
- Rheumatic Fever
- Previous Infective Endocarditis
- Congenital Heart Disease
- Artificial (prosthetic) Heart Valve
- Pace Maker
- Heart Surgery
- Artificial Joints: Date: _____
- Anemia
- Sickle Cell Disease
- Methemoglobinemia
- Malignant Hyperthermia
- Atypical Plasma Cholinesterase
- Porphyria
- Stroke
- Kidney Problems
- Emphysema
- Tuberculosis
- Asthma
- Sinus Problems

Y N Conditions

- Difficulty Breathing
- Cough
- Diabetes: Type I Type II
- Thyroid Problems
- Cancer
- Chemotherapy
- Radiation Therapy
- Arthritis
- Rheumatoid Arthritis
- Systemic Lupus Erythematosus
- Autoimmune Disease
- Glaucoma
- Gastrointestinal Disease
- GE Reflux or Heartburn
- Ulcers
- Colitis
- HIV or AIDS
- Hepatitis: Type: _____
- Liver Disease
- Blood Transfusion
- Yellow Jaundice
- Drug Abuse
- Alcohol Abuse
- Hemophilia
- Abnormal Bleeding
- Sexually Transmitted Disease
- Herpes Simplex Virus

Y N Conditions

- Human Papiloma Virus
- Cold Sores
- Shingles
- Epilepsy
- Seizures
- Frequent Headaches
- Fainting Spells
- Sleep Disorders
- Psychiatric Disorders
- Eating Disorder
- Osteoporosis
- Osteopenia
- Organ Transplant: _____

Y N Allergies:

- Local Anesthetics
- Penicillin
- Other Antibiotic: _____
- Codeine
- Aspirin
- Sulfa Drugs
- Metals
- Latex
- Iodine
- Food: _____
- Other: _____
- Other: _____

