

PATIENT MEDICAL HISTORY

Physician _____ Phone _____ Last Exam _____

Please answer ALL questions by circling either YES or NO. If you don't understand a question, go on to the next one, the doctor will review it with you. All information is confidential.

Have you been hospitalized during
The past three years? Y N
If so, what was the problem?

If under a physician's care, name
The condition? _____

CARDIOVASCULAR

Rheumatic Fever Y N
Congenital Heart Defect Y N
Angina Y N
Heart Attack Y N
Heart Murmurs Y N
Heart Failure Y N
Heart Surgery Y N
Pacemaker Y N
Low Blood Pressure Y N
High Blood Pressure Y N
Mitro Valve Prolapse Y N

RESPIRATORY DISEASE

Emphysema Y N
Hay Fever/Sinusitis Y N
Asthma Y N

ENDOCRINE DISORDERS

Diabetes Y N
Hyperthyroidism (high) Y N
Hypothyroidism (low) Y N

BLOOD DISORDERS

Anemia Y N
Bleed excessively? Y N

KIDNEY DISEASE

Kidney Infections? Y N
Kidney Surgery? Y N

INFECTIOUS DISEASES

Hepatitis Y N
Venereal Disease Y N
Tuberculosis Y N
HIV Positive Y N

WOMEN ONLY

Are you pregnant? Y N
If so, when are you due?

MISCELLANEOUS DISEASES

Frequent Fainting Y N
Liver Disease Y N
Arthritis Y N
Ulcers Y N
Glaucoma Y N
Radiation Therapy for Cancer Y N
Epilepsy Y N
Cancer Y N
Do you smoke? Y N
Any other tobacco forms? Y N

Are you currently taking any of the following drugs or medications?

Antibiotics Y N
Blood Thinners Y N
Steroids/Cortisone Y N
High Blood Pressure Medicine Y N
Tranquilizers Y N

Please write down all prescription
Medications you are now taking:

Do you have allergies to any of the following:

Local Anesthetics Y N
Penicillin Y N
Other Antibiotics Y N
Codeine Y N
Other Pain Medications Y N
Aspirin Y N
Barbiturates/Sedatives Y N
Latex Y N
Other _____

Have you worn braces Y N
Have you had gum surgery Y N
Have you every had any trouble with
with any dental work? Y N
Is there anything about your smile
you would like to change?

Do you have any medical problem
not listed? _____

Any artificial replacements? Y N

X _____
Person Responsible for Account

X _____
Doctor's Signature