

MEDICAL HEALTH HISTORY

Do you have, or have you had any of the following?

YES NO

Heart Problems

- Chest Pain/Angina
 Shortness of breath
 Blood pressure problems
 Heart murmur
 Heart valve problems
 Artificial heart valve
 Heart Attack or Stroke (circle)
 Rheumatic Fever
 Pacemaker

Blood Problems

- Easy bruising
 Frequent nosebleeds
 Abnormal bleeding
 Blood disease (anemia)
 Ever require a blood transfusion

Allergy Problems

- Hay fever
 Sinus Problems
 Skin rashes
 Taking allergy medication
 Asthma

Intestinal Problem

- Ulcers
 Weight gain or loss
 Special diet
 Constipation/Diarrhea
 Kidney or bladder problem

Bone or Joint Conditions/Therapies

- Arthritis/Rheumatism
 Back or neck pain
 Joint replacement (e.g., total hip, pins, or implants)
 Premedication required by physician
 Fainting spells, seizures, or Epilepsy
 Neurological disease
 Thyroid problem (hyper/hypo)
 Persistent cough or swollen glands
 Cancer/tumor
 Radiation/Chemotherapy

Are you allergic to, or have you reacted adversely, to any of the following?

- Local Anesthetic ("Novocain")
 Penicillin or other antibiotics
 Sulfa Drugs
 Barbiturates, sedatives, or sleeping pills
 Aspirin, Acetaminophen, or Ibuprofen
 Codeine, Demerol, or other narcotics
 Reaction to metals
 Latex or rubber dam

Other:

YES NO

Diabetes

- Thirsty or mouth is dry much of the time
 Diabetes or Family history of diabetes (circle one)

Other Health Conditions or Therapies

- Tuberculosis or other respiratory disease
 Do you drink alcohol?
 Do you smoke?
 Emphysema/Lung problems
 Hepatitis, jaundice or liver trouble
 Herpes or other STD
 Cold sores
 HIV-positive/AIDS
 Psychiatric treatment
 Glaucoma
 Do you wear contact lenses?
 History of head injury?
 History of alcohol or drug abuse?

Do you have any disease, condition, or problem not listed previously that you feel we should know about? (Including recent surgeries)

If so, please describe:

During the last 12 months, have you taken any of the following?

- Antibiotics or sulfa drugs?
 Anticoagulants (e.g., Coumadin)
 High blood pressure medicine
 Tranquilizers
 Insulin, Orinase, or similar drug
 Aspirin
 Digitalis or drugs for heart trouble
 Cortisone (steroids)
 Natural remedies
 Non-prescription drug/Supplements
 Bisphosphonates (used for osteoporosis)

Please list any additional medications:

Women

- Are you taking contraceptives or other hormones?
 Are you pregnant?
 Have you reached menopause?

Notes:

Patient/Parent Signature Date