

Medical History

Please check any of the following, which you have had or presently have:

Head and Neck

- Sinus problems or allergies
- Pain in jaw joint or TMJ
- Hearing impaired
- Headaches
- Radiation treatments
- Cancer
- Fever blisters/canker sores
- Other _____

Lungs

- Asthma
- Emphysema
- Tuberculosis (TB)
- Difficulty breathing
- Other _____

Stomach

- Ulcers
- Colitis
- Surgery
- Other _____

Liver

- Hepatitis A/B/C
- Liver disease/jaundice
- Other _____

Heart

- High blood pressure
- Low blood pressure
- Heart disease or heart attack
- Congestive heart failure
- Pacemaker
- Stroke
- Heart surgery
- Artificial heart valve
- History of infective endocarditis*
- Serious congenital heart condition*
- Other _____

Blood

- Abnormal bleeding
- Anemia
- Hemophilia
- Blood clots
- HIV or AIDS
- Other _____

Kidney

- Dialysis
- Transplant
- Failure/Disease
- Other _____

Joints

- Artificial hip – yr replaced____
- Artificial knee – yr replaced____
- Arthritis
- Surgery
- Other _____

Systemic Disease

- Diabetes
- Cancer
- Chemotherapy
- Radiation treatment
- Thyroid disease
- Epilepsy or seizures
- Syphilis/gonorrhea/herpes
- Drug or alcohol problems
- Psychiatric problems
- Surgery
- Other _____

Females

- Pregnant due date _____
- Nursing
- Birth control pills
- Hormone therapy
- Other _____

Medications

List medications you are taking (including nonprescription drugs)

Have you ever taken **Fosamax, Actonel, Zometa, or Arenia**? _____

List medications to which you are allergic (including anesthetics, latex, aspirin, penicillin, etc.)

Have you ever been told to take antibiotic premedication prior to dental treatment? (If so, please explain reason for premedication)

Are you currently under the care of a physician? () Yes () No
If yes, give physician's name, address, and phone number:

Medical History/Insurance/Telephone Update

signature

date

signature

date

signature

date

signature

date

Comments:

I have read and answered all questions to the best of my knowledge.

Signature: _____ Date: _____