A CONTRACTOR OF THE PROPERTY O			
HEALTH HI	STORY		
Physician's Name		Date of last visit	
Have you ever used a bisphosp	phonate medication? Common brand names	are Fosamax, Actonel, Atelvia, Didr	onel, Boniva. 🗌 Yes 🔲 No
	group of drugs collectively referred to as "fe min (fenfluramine) and Redux (dexfenfluramin		s of Ionimin, Adipex, Fastin (brand
1.5	o indicate if you have had any of the following		
AIDS/HIV Anemia	Yes No Epilepsy		ory Disease Yes No
Arternia Arthritis. Rheumatism	☐ Yes☐ No☐ Fainting or dizziness☐ Yes☐ No☐ Glaucoma	☐ Yes ☐ No Rheuma ☐ Yes ☐ No Scarlet F	tic Fever Yes No
Artificial Heart Valves	☐ Yes ☐ No Headaches		ss of Breath
Artificial Joints	☐ Yes ☐ No Heart Murmur	Yes No Sinus Tr	ouble Yes No
Asthma	☐ Yes ☐ No Heart Problems	☐ Yes ☐ No Skin Ras	
Back Problems	Yes No Hepatitis Type	Yes No Special	
Bleeding abnormally, with extractions or surgery	Herpes ☐ Yes ☐ No High Blood Pressure	☐ Yes ☐ No Stroke ☐ Yes ☐ No Swollen	☐ Yes ☐ No Feet or Ankles ☐ Yes ☐ No
Blood Disease	☐ Yes ☐ No Jaundice		Neck Glands ☐ Yes ☐ No
Cancer	☐ Yes ☐ No Jaw Pain	☐ Yes ☐ No Thyroid	Problems Yes No
Chemical Dependency	Yes No Kidney Disease	☐ Yes ☐ No Tonsillitis	
Chemotherapy Circulatory Problems	☐ Yes ☐ No Liver Disease ☐ Yes ☐ No Low Blood Pressure	Yes No Tubercul	
Congenital Heart Lesions	☐ Yes ☐ No Low Blood Pressure ☐ Yes ☐ No Mitral Valve Prolapse	☐ Yes ☐ No Tumor o	r growth on head ☐ Yes ☐ No
Cortisone Treatments	☐ Yes ☐ No Nervous Problems	☐ Yes ☐ No Ulcer	☐ Yes ☐ No
Cough, persistent or bloody	☐ Yes ☐ No Pacemaker	☐ Yes ☐ No Venerea	Disease Yes No
Diabetes	☐ Yes ☐ No Psychiatric Care	☐ Yes ☐ No Weight L	oss, unexplained Yes No
Emphysema	Yes No Radiation Treatment	☐ Yes ☐ No	
Do you wear contact lenses?	☐ Yes ☐ No		
Women:	Elver Elve Breedete		Average and a second se
Are you pregnant?	☐ Yes ☐ No Due date		
Taking birth control pills?			Are you nursing? ☐ Yes ☐ No
Taking birth control pills?	Yes No	Section 1	Are you nursing? Tes No
the state of the s		ALL	ERGIES
MED	☐ Yes ☐ No ICATIONS		
MED	☐ Yes ☐ No	☐ Aspirin	ERGIES □ Local Anesthetic
MED List any medications you are cu diagnosis:	☐ Yes ☐ No ICATIONS rrently taking and the correlating	☐ Aspirin ☐ Barbiturates (Sleeping pills)	ERGIES Local Anesthetic Penicillin
MED List any medications you are cu diagnosis:	☐ Yes ☐ No ICATIONS	☐ Aspirin ☐ Barbiturates (Sleeping pills) ☐ Codeine	ERGIES Local Anesthetic Penicillin Sulfa
MED: List any medications you are cudiagnosis:	☐ Yes ☐ No ICATIONS rrently taking and the correlating	☐ Aspirin ☐ Barbiturates (Sleeping pills)	ERGIES Local Anesthetic Penicillin
List any medications you are cu diagnosis:	☐ Yes ☐ No ICATIONS rrently taking and the correlating	☐ Aspirin ☐ Barbiturates (Sleeping pills) ☐ Codeine	ERGIES Local Anesthetic Penicillin Sulfa
List any medications you are cu diagnosis:	☐ Yes ☐ No ICATIONS rrently taking and the correlating	☐ Aspirin ☐ Barbiturates (Sleeping pills) ☐ Codeine ☐ Iodine	ERGIES Local Anesthetic Penicillin Sulfa
List any medications you are cudiagnosis: Pharmacy Name Phone ()	☐ Yes ☐ No ICATIONS rrently taking and the correlating	☐ Aspirin ☐ Barbiturates (Sleeping pills) ☐ Codeine ☐ lodine ☐ Latex	ERGIES Local Anesthetic Penicillin Sulfa
List any medications you are cudiagnosis: Pharmacy Name Phone ()	☐ Yes ☐ No ICATIONS rrently taking and the correlating	☐ Aspirin ☐ Barbiturates (Sleeping pills) ☐ Codeine ☐ lodine ☐ Latex	ERGIES Local Anesthetic Penicillin Sulfa
List any medications you are cudiagnosis: Pharmacy Name Phone ()	☐ Yes ☐ No ICATIONS rrently taking and the correlating	☐ Aspirin ☐ Barbiturates (Sleeping pills) ☐ Codeine ☐ lodine ☐ Latex	ERGIES Local Anesthetic Penicillin Sulfa
List any medications you are cudiagnosis: Pharmacy Name Phone () Has there been any change in y	Yes No ICATIONS rrently taking and the correlating To be filled in at future appointments)	☐ Aspirin ☐ Barbiturates (Sleeping pills) ☐ Codeine ☐ lodine ☐ Latex ##? ☐ Yes ☐ No	Local Anesthetic Penicillin Sulfa Other
List any medications you are cudiagnosis: Pharmacy Name Phone () Has there been any change in your for what conditions?	Yes No ICATIONS rrently taking and the correlating To be filled in at future appointments) Your health since your last dental appointment	☐ Aspirin ☐ Barbiturates (Sleeping pills) ☐ Codeine ☐ lodine ☐ Latex at? ☐ Yes ☐ No	ERGIES Local Anesthetic Penicillin Sulfa Other
List any medications you are curdiagnosis: Pharmacy Name Phone () Has there been any change in your for what conditions? Are you taking any new medications.	☐ Yes ☐ No ICATIONS rrently taking and the correlating To be filled in at future appointments) rour health since your last dental appointment	☐ Aspirin ☐ Barbiturates (Sleeping pills) ☐ Codeine ☐ lodine ☐ Latex at? ☐ Yes ☐ No	ERGIES Local Anesthetic Penicillin Sulfa Other
List any medications you are curdiagnosis: Pharmacy Name Phone () Has there been any change in your for what conditions? Are you taking any new medicate Patient's Signature	rrently taking and the correlating To be filled in at future appointments) Your health since your last dental appointment lions?	☐ Aspirin ☐ Barbiturates (Sleeping pills) ☐ Codeine ☐ lodine ☐ Latex at? ☐ Yes ☐ No ☐ Date	ERGIES Local Anesthetic Penicillin Sulfa Other
List any medications you are cudiagnosis: Pharmacy Name Phone () For what conditions? Are you taking any new medicate Patient's Signature Doctor's Signature	Teations ICATIONS Irrently taking and the correlating To be filled in at future appointments) Your health since your last dental appointment Itions?	Aspirin Barbiturates (Sleeping pills) Codeine Iodine Latex T? Yes No Date Date	ERGIES Local Anesthetic Penicillin Sulfa Other
List any medications you are curdiagnosis: Pharmacy Name Phone () For what conditions? Are you taking any new medicate Patient's Signature Doctor's Signature Has there been any change in your service that the process of t	Teations ICATIONS Trently taking and the correlating To be filled in at future appointments) To wour health since your last dental appointment lions? If so, what?	☐ Aspirin ☐ Barbiturates (Sleeping pills) ☐ Codeine ☐ lodine ☐ Latex at? ☐ Yes ☐ No ☐ Date ☐ Date ☐ Date ☐ No	ERGIES Local Anesthetic Penicillin Sulfa Other
List any medications you are curdiagnosis: Pharmacy Name Phone () To updates (To the state of the stat	TCATIONS rrently taking and the correlating To be filled in at future appointments) rour health since your last dental appointment tions? If so, what?	☐ Aspirin ☐ Barbiturates (Sleeping pills) ☐ Codeine ☐ lodine ☐ Latex at? ☐ Yes ☐ No ☐ Date ☐ Date ☐ Date ☐ No	ERGIES Local Anesthetic Penicillin Sulfa Other
List any medications you are cudiagnosis: Pharmacy Name Phone () For what conditions? Are you taking any new medicate patient's Signature Doctor's Signature Has there been any change in your series of the process of the pro	To be filled in at future appointments) Your health since your last dental appointment Your health since your last dental appointment Your health since your last dental appointment	☐ Aspirin ☐ Barbiturates (Sleeping pills) ☐ Codeine ☐ lodine ☐ Latex at? ☐ Yes ☐ No ☐ Date ☐ Date ☐ Date ☐ No	ERGIES Local Anesthetic Penicillin Sulfa Other