

HEALTH HISTORY

Have you had any serious illnesses, surgery or been hospitalized in the past 5 years? YES NO
If yes, please explain
Have you ever been told to take a premedication/prophylaxis prior to a dental/medical visit? YES NO
Have you ever had a joint replacement/artificial components? YES NO
Have you ever had an organ transplant? YES NO
Do you currently take blood thinners? YES NO
Have you ever been in drug rehab? YES NO If yes date/location:

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING DISEASES OR PROBLEMS?
(Check all that apply)

- Rheumatic Fever, Rheumatic Heart Disease, Heart Murmur, Mitral Valve Prolapse, Heart Disease, If so, how are you treating this disorder? Stents placed, Bypass Surgery, Heart Attack, If so, when? What treatment are you receiving now? High Blood Pressure, Low Blood Pressure, Blood disorders or anemia, Stroke, TMJ (temporomandibular joint disorder), Sleep Apnea, If so, do you have a C-Pap machine, Narcolepsy (falling asleep inappropriately), Had orthodontics (braces), Palatal Expansion, Lipping, Positive test for venereal disease in past 5 years, Positive test for AIDS virus, Cancer - Is it in remission? YES / NO, Asthma, Hay Fever, Fainting Spells, Seizures, Hepatitis A / B / C Active? YES / NO, Radiation treatment, Liver Disease, Arthritis, Kidney troubles, Tuberculosis, Lung ailments (such as C.O.P.D), Diabetes, Type 1, Type 2, Under control? YES / NO, Do you smoke? YES / NO, WOMEN: are you pregnant? How far along? OB/GYN, Phone

HAVE YOU EVER EXPERIENCED ANY OF THESE SYMPTOMS?
(Check all that apply)

- Pain in chest, Difficulty breathing/ shortness of breath, Swollen ankles, Abnormal bleeding, Prolonged healing, Bruises easily, Sores that did not heal within one week, Cold sores or herpes incident, Snoring, Pain in jaw joints, Clenching of teeth, Grinding of teeth, Frequent headaches, Popping/clicking of jaw/joints, Persistent cough/cough up blood, No energy/tired all the time

Allergies and sensitivities to:

- Amoxicillin/Penicillin, Clindamycin/Azithromycin, Codeine, Novocaine/Anesthetic, Aspirin, Latex, Other:

List all current medications:

- [Blank lines for listing current medications]

Patient Signature Date

REVIEWED BY: DENTIST

Hygienist / Assistant