Medical Information

| Although dental personnel primarily treat the area in and around your mouth, your mouth is a part of your entire body. Health problems you may have or medications you may be taking, could have an important interrelationship with the treatment received. Medical Doctor's Name(a) Phone: Have you ever been hospitalized or had a major operation? 'Yes No Explain: Phone: | PATIENT NAME : | | | | Birthdate: | | |
|--|---|--|-----------|-----------------------------|-----------------------------|---------------------|--|
| Have you ever been hospitalized or had a major operation? | | | | | | | |
| Have you ever had a serious head or neck injury? Are you taking any medications, pills, or drugs? O'ves No Explain: Pave you ver taken Fosamax, Boniva, Actonel, or any other meds containing bisphosphonates? | Medical Doctor's Name(s) _ | | | | Phone: | | |
| Are you taking any medications, pills, or drugs? Do you or have you taken: Phen-Fen or Redux? Wes No Explain: Have you ever taken Fosamax, Boniva, Actonel, or any other meds containing bisphosphonates? Have you had a knee, hip, or joint replaced? Do you take a blood thinner? (Coumadin/ Warfarin/Other) Oves No Explain: Autistic and/or Sensory Issues? Do you use tobacco products? FOR WOMEN: Are you: Pregnant/ Trying to get pregnant Nursing Taking Oral Contraceptives? Are you allergic to any of the following? Aspirin Penicillin Otter, or explain: Do you have, or have you had any of the following? Alby HIV Positive Alby HIV Positive Alcheimer's Disease Diabetes Anaphylaxis Drug Addiction Anemia Easily Winded Anemia Easily Winded High Blood Pressure Arthritis/ Gout Arthritis/ Gout Arthritis/ Gout Arthritis/ Gout Excessive Bleeding Arthritis/ Gout Artificial Heart Valve Excessive Sive Thirst Asthma Fainting Spells/ Dizziness Blood Disease Frequent Cough Blood Disease Frequent Lough Blood Disease Frequent Headaches Bruise Easily Genital Herpes Genital Herpes Chem Dhem Frequent Headaches Bruise Easily Genital Herpes Chem Dhem Frequent Headaches Chem Dhem Frequent Headaches Chem Dhem Frequent Headaches Bruise Easily Genital Herpes Chem Dhem Frequent Headaches Bruise Easily Genital Herpes Chem Dhem Frequent Headaches Bruise Easily Genital Herpes Chem Dhem Frequent Diarrhea Leukemia Chem Dhem Frequent Diarrhea Leukemia Chem Dhem Frequent Diarrhea Chem Dhem Chem | Have you ever been hospital | lized or had a major operation? | ? ○Yes No | Explain: | | | |
| Have you ever taken Fosamax, Boniva, Actonel, or any other meds containing bisphosphonates? | | | | | | | |
| Have you ever taken Fosamax, Boniva, Actonel, or any other meds containing bisphosphonates? | Are you taking any medicati | one pille or druge? | ○Vos No | Evolain: | | | |
| Have you ever taken Fosamax, Boniva, Actonel, or any other meds containing bisphosphonates? Have you had a knee, hip, or joint replaced? Do you take a blood thinner? (Coumadin/ Warfarin/Other) | | | | | | | |
| or any other meds containing bisphosphonates? Have you had a knee, hip, or joint replaced? Do you take a blood thinner? (Coumadin/ Warfarin/Other) Autstic and/or Sensory Issues? Do you use tobacco products? Yes NO Explain: Do you use tobacco products? Yes NO Explain: Do you use tobacco products? Are you: Pregnant/ Trying to get pregnant Nursing Taking Oral Contraceptives? Are you allergic to any of the following? Aspirin Penicillin Peni | | | | | | | |
| Autistic and/or Sensory Issues? Do you use tobacco products? Are you: Pregnant/ Trying to get pregnant | | | | | | | |
| Autistic and/or Sensory Issues? Do you use tobacco products? Are you: Pregnant/ Trying to get pregnant Are you allergic to any of the following? Aspirin Metal Defence of Latex Other, or explain: Do you have, or have you had any of the following? AlDS/ HIV Positive Alzheimer's Disease Anaphylaxis Anaphylaxis Anaphylaxis Anapina Emphysema Artificial Heart Valve Artificial Joint Artificial Joint Excessive Bleeding Artificial Joint Ashma Broad Transfusion Breathing Problem Breathing Problem Breathing Problem Breathing Problem Breathing Problem Graphysera Glaucoma Glaucoma Glaucoma Glaucoma Glaucoma Glaucoma Heart Murmur Glauch Gent Heart Murmur Glauch Glaucoma | Have you had a knee, hip, or | joint replaced? | ○Yes No | Explain: | | | |
| FOR WOMEN: Are you: Pregnant/ Trying to get pregnant Nursing Taking Oral Contraceptives? Are you allergic to any of the following? Aspirin Penicillin Catex Sulfa Drugs Other, or explain: Other, or explain: Do you have, or have you had any of the following? AlDS/ HIV Positive Cortisone Medicine Hemophilia Radiation Treatment Alzheimer's Disease Diabetes Hepatitis A Recent Weight Loss Anaphylaxis Drug Addiction Hepatitis B or CRenal Dialysis Rheumatic Fever Angina Emphysema High Blood Pressure Rheumatism Arthitis/ Gout Epilepsy or Seizures High Cholesterol Scarlet Fever Artificial Heart Valve Excessive Bleeding Hives or Rash Shingles Atthitis Joint Excessive Thirst Hypoglycemia Sickle Cell Disease Broad Transfusion Frequent Cough Richard Heart Cate Broad Transfusion Frequent Headaches Leukemia Stones Stones Stones Frequent Cough Renal Disease Stroke Bruise Easily Genital Herpes Low Blood Pressure Swelling of Limbs Cancer Glaucoma Lung Disease Thyroid Disease Thyroid Disease Chemotherapy Hay Fever Mittral Valve Prolapse Timps Tuberulosis Cold Sores/Fever Blister Heart Murmur Paint Judge Prolapse Ulicers Conyulsions Heart Trouble/ Disease Psychiatric Care Veneral Disease Ulicers | Do you take a blood thinner | ? (Coumadin/ Warfarin/Other) | ∘Yes No | Explain: | | | |
| FOR WOMEN: Are you: Pregnant/ Trying to get pregnant Nursing Taking Oral Contraceptives? Are you allergic to any of the following? Aspirin Penicillin Codeine Cotton Acrylic Metal Latex Sulfa Drugs Cotal Anesthetics Other, or explain: Do you have, or have you had any of the following? AlDS/ HIV Positive Cortisone Medicine Hemophilia Radiation Treatment Alzheimer's Disease Diabetes Hepatitis A Recent Weight Loss Anaphylaxis Drug Addiction Hepatitis B or CRenal Dialysis Rheumatic Fever Rheumatic Fever Angina Emphysema High Blood Pressure Rheumatism Arthritis/ Gout Emphysema High Blood Pressure Rheumatism Shringles Artificial Heart Valve Excessive Bleeding Hives or Rash Shingles Artificial Joint Excessive Thirst Hypoglycemia Sickle Cell Disease Blood Disease Frequent Cough Kidney Problems Spina Bifida Brushing Problem Frequent Headaches Leukemia Storach Interstual Disease Brushe Easily Genital Herpes Low Blood Pressure Storach Interstual Disease Stroke Brushe Easily Genital Herpes Low Blood Pressure Swelling of Limbs Cancer Glaucoma Lung Disease Thyroid Disease Thyroid Disease Conden, Heart Murmur Paint Jude Prolapse Ulicers Conden, Heart Disorder Heart Murmur Paint Jude Prolapse Ulicers Convulsions Heart Trouble/ Disease Psychiatric Care Veneral Disease Convulsions Heart Trouble/ Disease Psychiatric Care Veneral Disease Convulsions Psychiatric Care Veneral Disease Convulsions | Autistic and/or Sensory Issu | es? | ∘Yes NO | Explain: | | | |
| Are you allergic to any of the following? Aspirin Penicillin Sulfa Drugs Other, or explain: Do you have, or have you had any of the following? AlDS/ HIV Positive Alzheimer's Disease Diabetes Drug Addiction Anaphylaxis Drug Addiction Hepatitis B or C Reanal Dialysis Anaphylaxis Drug Addiction Hepatitis B or C Renal Dialysis Anaphylaxis Arthritis/ Gout Emphysema High Blood Pressure Artificial Heart Valve Excessive Bleeding Artificial Joint Excessive Thirst Hypoglycemia Blood Disease Frequent Cough Blood Transfusion Frequent Diarrhea Blood Disease Frequent Headaches Bruise Easily Genital Herpes Cancer Glaucoma Heart Attack Osteoporosis Tumors or Growths Congen. Heart Disorder Heart Pacemaker Parathyroid Disease Ulcers Convulsions Pacal Actypic Actypic | Do you use tobacco product | s ? | | | | | |
| Are you allergic to any of the following? Aspirin Pencicillin Sulfa Drugs Other, or explain: Do you have, or have you had any of the following? AlDS/ HIV Positive Alzheimer's Disease Diabetes Anaphylaxis Anemia Esaily Winded Arthritis/ Gout Epilepsy or Seizures Arthritis/ Gout Epilepsy or Seizures Arthriticial Joint Excessive Bleeding Arthrificial Joint Excessive Thirst Asthma Blood Disease Frequent Cough Blood Disease Frequent Cough Blood Transfusion Frequent Diarrhea Blood Disease Frequent Headaches Bruise Easily Genital Herpes Genital Transfusion Genital Transfusion Genital Transfusion Genital | | | | | | | |
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| Other, or explain: Do you have, or have you had any of the following? AIDS/ HIV Positive | Are you allergic to any | of the following? | | | | | |
| Other, or explain: Do you have, or have you had any of the following? AIDS/ HIV Positive | O Aspirin C | Penicillin | O Codeir | ne | Acrylic | | |
| Do you have, or have you had any of the following? AIDS/ HIV Positive | O Metal | Latex | O Sulfa D | rugs | O Local Ar | nesthetics | |
| AIDS/ HIV Positive Cortisone Medicine Hemophilia Radiation Treatment Alzheimer's Disease Diabetes Hepatitis A Recent Weight Loss Hepatitis B or C Renal Dialysis Herpes Rheumatic Fever Rheumatic Fever High Blood Pressure Rheumatism Arthritis/ Gout Epilepsy or Seizures High Cholesterol Scarlet Fever Artificial Heart Valve Excessive Bleeding Hives or Rash Shingles Artificial Joint Excessive Thirst Hypoglycemia Sickle Cell Disease Asthma Fainting Spells/ Dizziness Irregular Heartbeat Blood Disease Frequent Cough Blood Transfusion Frequent Diarrhea Breathing Problem Frequent Headaches Bruise Easily Genital Herpes Cancer Glaucoma Cancer Glaucoma Cancer Glaucoma Chemotherapy Hay Fever Mitral Valve Prolapse Chemotherapy Heart Attack Costeoporosis Cond Sores/Fever Blister Heart Murmur Pain in Jaw Joints Tumors or Growths Congen. Heart Disorder Heart Trouble/ Disease Psychiatric Care Venereal Disease Venereal Disease | Other, or explain: | | | | | | |
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| · | Chest PainsCold Sores/Fever Blister | O Heart Murmur | | | | | |
| | Chest PainsCold Sores/Fever BlisterCongen. Heart Disorder | Heart MurmurHeart Pacemaker | SP | Parathyro | oid Disease | ○ Ulcers | |

my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to

| Signature: | Date: | |
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