Central Carolina
ENDODONTICS, P.A.

HEALTH HISTORY

Have you ever had any of the following diseases or medical problems?
(Please read thoroughly and circle "Yes" or "No")

Yes	**No**	Heart Attack/Stroke	**Yes**	**No**	Cancer/Chemotherapy
Yes	**No**	Heart Murmur/Rheumatic Fever	**Yes**	**No**	HIV+/AIDS
Yes	**No**	Heart Surgery/Pacemaker	**Yes**	**No**	Shingles
Yes	**No**	Heart Valve (Artificial)	**Yes**	**No**	Kidney Problems
Yes	**No**	Chronic Hepatitis	**Yes**	**No**	Sinus Problems (Chronic)
Yes	**No**	Anemia	**Yes**	**No**	Fever Blisters
Yes	**No**	High/Low Blood Pressure	**Yes**	**No**	Psychiatric Care
Yes	**No**	Severe Headaches	**Yes**	**No**	Diabetes
Yes	**No**	Epilepsy/Seizures/Fainting Spells	**Yes**	**No**	Tuberculosis (TB)
Yes	**No**	Drug/Alcohol Abuse	**Yes**	**No**	Sickle Cell Disease
Yes	**No**	Hemophilia/Abnormal Bleeding	**Yes**	**No**	Artificial Joint (Knees, Hips, Other)
Yes	**No**	Root Canal Treatment (previous root canal)	For Women: Are you pregnant? **Yes** **No**		
Yes	**No**	Blood Transfusion	If yes, Week# ____		

Have you ever experienced any serious medical conditions not listed above?

If yes, please list: _____

_____

Are you currently under the care of any physician? (Other than routine visits) □ **Yes** □ **No**

If yes, please explain: _____

_____

Are you presently taking any drugs prescribed by a physician or dentist? □ **Yes** □ **No**

If yes, please list: _____

_____

Have you ever taken Bisphosphonates (Bone-strengthening medications)? Please see examples below. □ **Yes** □ **No**
(Fosamax, Fosamax Plus D, Zometa, Didronel, Reclast, Boniva, Actonel, Aclasta, Aredia, Atelvia, Skelid)

Are you allergic to the following drugs?

Yes	**No**	Penicillin	**Yes**	**No**	Aspirin
Yes	**No**	Erythromycin	**Yes**	**No**	Tetracycline
Yes	**No**	Dental Anesthetics	**Yes**	**No**	Codeine

Are you allergic to bleach? □ **Yes** □ **No**
Are you allergic to **LATEX**? □ **Yes** □ **No**
Are you allergic to any other drugs? □ **Yes** □ **No**

If yes, please list: _____

_____

Are you <u>required</u> to take antibiotics prior to dental treatment <u>for artificial joints or heart defects</u>? □ **Yes** □ **No**
Our office is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and the ADA.

WARNING: Birth control pills may be rendered ineffective by antibiotics.

Signature: _____ Date: _____