

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 Joint Prosthesis (Hips, Other) |
| Yes No Root Canal Treatment | 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 **required** to take antibiotics prior to dental treatment **for artificial joints or heart defects**? **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: _____