

PATIENT NAME			DA	ATE
Medical History	har terrorionades			
Are you under a physician's care now? ☐Yes ☐N	lo Why?	Who	o?P	hone:
Have you ever been hospitalized or had a major op				
Have you ever have a serious injury to your head o	r neck? Yes	No Discuss		
MEDICATIONS, pills or drugs currently taking?				
			Ever taken fen-phen?	☐Yes ☐No
ALLERGIES: Are you allergic to any medication or	substances2	V 100 100 100 100 100 100 100 100 100 10	12.1	
θ Aspirin θ Penicillin θ Codeine θ	Acrylic A	Metal θ Late:		
0 Other:		Wetai 0 Late	x rubber	
Women (please check):				
θ Pregnant/trying to get pregnant θ Nursing	A Taking o	ral contracentives. Dis	scuss	
o regnativitying to get pregnant o Nursing	0 Taking 0	rai contraceptives Di	30033	
Do you now have or have you ever had any of the f	following? If ves	nlease check approp	riate boxes	
* If yes to any of the starred conditions, premedical	ion mav be reau	ired.	nate boxes.	
θ Heart trouble/disease θ Sickle Cell Disease	θ	Ulcers	θ Venereal Disease	
θ Heart Murmur * θ Hemophilia (bleed		Recent Weight loss	θ AIDS	
 θ Irregular heart beat θ Angina/chest pain θ Recent blood trans 	θ sfusion θ	Frequent Diarrhea Diabetes	θ HIV Positive θ Genital Herpes	
 θ Angina/chest pain θ Heart attack/Failure θ Swelling of limbs 	θ	Hypoglycemia	θ Drug Addiction	
θ Congenital Heart disorder θ Lung Disease	θ	Liver disease	θ Tattoos	
θ Mitral Valve prolapse * θ Breathing problem		Hepatitis A	θ Cold sores	
$\begin{array}{cccc} \theta & \text{Scarlet fever} & \theta & \text{Shortness of Breat} \\ \theta & \text{Rheumatic fever} & \theta & \text{Frequent Cough} \end{array}$	th θ	Hepatitis B Hepatitis C	θ Fever blisters θ Herpes	
θ Artificial heart valve* θ Hay Fever	θ	Yellow Jaundice	θ Stroke	
θ Heart Pace Maker* θ Sinus Trouble	θ	Kidney problems	θ Convulsions	
θ Heart Surgery θ Asthma	θ	Renal Dialysis	θ Epilepsy or Seizure	
θ High Blood Pressure θ Bloody sputum	θ	Thyroid Disease	θ Fainting or Dizzine	ss
θ Low Blood Pressure $θ$ Emphysema $θ$ Blood Disease $θ$ Tuberculosis	θ	Parathyroid Disease Arthritis/Gout	 θ Glaucoma θ Tumors or Growths 	
θ Unexplained Fever θ Cancer	θ	Rheumatism	θ Nervousness	,
θ Bruise easy θ X-ray treatment (ra		Pin in Jaw Joints	θ Psychiatric care	
 θ Anemia θ Chemotherapy θ Excessive bleeding θ Stomach/Intestinal 	θ Disease θ	Cortisone Medicine	 θ Alzheimer's diseas θ Hives or rash 	e
θ Excessive bleeding θ Stomach/Intestinal	Disease 6	Artificial Joint*	θ Hives or rash	
11 7 7 1		T/		
Have you ever had any other serious illness not me				
Do you wish to talk to the dentist privately about any	y problem?∐Ye	s No Discuss		Control of the Contro
To the best of my knowledge, all the preceding answers at and staff at the next appointment without fail.	re correct. If I have	any changes in my hea	Ith or if my medicines cha	inge. I shall inform the dentist
and stair at the next appointment without rail.				
Y		Date	9	
Patient signature (Parent or Guardian)		Date	5	
Reviewed by Doctor		Dat	e	
Table Baser Control Co				
Medical Updates				
I have read my MEDICAL HISTORY dated	and con	firm that it adequately	states past and prese	ent conditions
DATE Exceptions		ATIENT SIGNATURE		IEWED BY
	_None θ _			
	_None θ			
	_None θ None θ			
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None θ