Medical History

Everyou ever been hospitalized or had a major operation? O Yes O No Have you ever had a serious head or neck injury? O Yes O No Are you taking any medications, pills or drugs? O Yes O No Are you take, or have you take, phen-Fen or Redux? O Yes O No Do you use tobacco? O Yes O No Do you use controlled substances? O Yes O No Do you use controlled substances? O Yes O No Do you use controlled substances? O Yes O No Taking oral contraceptives? O Yes O No No Taking oral contraceptives? O Yes O No No Women Are you allergic to any of the following? Other If yes, please explain: Other If yes, please explain	Patient Name:				Birth Date:			
Everyou ever been hospitalized or had a major operation? O Yes O No Have you ever had a serious head or neck injury? O Yes O No Are you taking any medications, pills or drugs? O Yes O No Do you take, or have you taken, Phen-Fen or Redux? O Yes O No Do you use tobacco? O Yes O No Do you use controlled substances? O Yes O No Do you use controlled substances? O Yes O No Do you use controlled substances? O Yes O No Taking oral contraceptives? O Yes O No No Taking oral contraceptives? O Yes O No No No Morein Are you of the following? Are you allergic to any of the following? Other If yes, please explain: Other If yes, please explain: One you have, or have you had, any of the following? Obselving oral oral oral oral oral oral oral oral	problems that yo	ou may have,	or medication that you	ı may be takiı				
Have you ever had a serious head or neck injury? ○ Yes ○ No Are you taking any medications, pills or drugs? ○ Yes ○ No Are you on a special diet? ○ Yes ○ No Do you use tohacce? ○ Yes ○ No Do you use controlled substances? ○ Yes ○ No Do you use controlled substances? ○ Yes ○ No Do you use controlled substances? ○ Yes ○ No Taking oral contraceptives? ○ Yes ○ No Nursing? ○ Yes ○ No Taking oral contraceptives? ○ Yes ○ No Nursing? ○ Yes ○ No Are you allergic to any of the following? Aspirin	Are you	under a pl	nysician's care no?	○ Yes ○ No If Yes, Please explain:				
Have you ever had a serious head or neck injury? ○ Yes ○ No Are you taking any medications, pills or drugs? ○ Yes ○ No Are you on a special diet? ○ Yes ○ No Do you use tohacce? ○ Yes ○ No Do you use controlled substances? ○ Yes ○ No Do you use controlled substances? ○ Yes ○ No Do you use controlled substances? ○ Yes ○ No Taking oral contraceptives? ○ Yes ○ No Nursing? ○ Yes ○ No Taking oral contraceptives? ○ Yes ○ No Nursing? ○ Yes ○ No Are you allergic to any of the following? Aspirin	ve vou ever been hosp	oitalized or ha	ad a major operation? (O Yes O No	If Yes, Plea	se explain:		
Are you taken, Phen-Fen or Redux?	-							
Do you take, or have you taken, Phen-Fen or Redux? ○ Yes ○ No Are you on a special diet? ○ Yes ○ No Do you use controlled substances? ○ Yes ○ No Do you use controlled substances? ○ Yes ○ No Do you use controlled substances? ○ Yes ○ No Taking oral contraceptives? ○ Yes ○ No Nursing? ○ Yes ○ No Are you pregnant/ Trying to get pregnant? ○ Yes ○ No Are you allergic to any of the following?					•			
Are you on a special diet?	•					ase explain	:	
Do you use tobacco? O Yes O No Do you use controlled substances? O Yes O No Taking oral contraceptives? O Yes O No Are you pregnant/ Trying to get pregnant? O Yes O No Are you allergic to any of the following? Aspirin	Do you take, or ha	ve you taken	, Phen-Fen or Redux?	\circ Yes \circ No				
Do you use controlled substances? ○ Yes ○ No Women Are you pregnant/Trying to get pregnant? ○ Yes ○ No Taking oral contraceptives? ○ Yes ○ No Nursing? ○ Yes ○ No Are you allergic to any of the following? Aspirin		Are	you on a special diet?	\circ Yes \circ No	0			
Do you use controlled substances? ○ Yes ○ No Women Are you pregnant/Trying to get pregnant? ○ Yes ○ No Taking oral contraceptives? ○ Yes ○ No Nursing? ○ Yes ○ No Are you allergic to any of the following? Aspirin			Do you use tobacco?	O Yes O No	0			
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Are you allergic to any of the following? Aspirin								
Are you allergic to any of the following? Aspirin						_		_
Other If yes, please explain:	Are you pregnant/	Γrying to get	pregnant? ○ Yes ○ N	lo Taking	oral contracept	ives? O Ye	es O No Nursing? O	Yes ○ No
Other If yes, please explain: Do you have, or have you had, any of the following? DS/HIV positive o'Yes o No Cortisone Medicine o'Yes o No Hemophilia o'Yes o No Renal Dialysis o'Yes o No Diabetes o'Yes o No Hepatitis A o'Yes o No Renal Dialysis o'Yes o No Amount of No No Hemophilia o'Yes o No Renal Dialysis o'Yes o No Amount of No No Hemophilia o'Yes o No Renal Dialysis o'Yes o No Hemophilia o'Yes o No Renal Dialysis o'Yes o No Hemophilia o'Yes o No Renal Dialysis o'Yes o No Renal Dialysis o'Yes o No Hemophilia o'Yes o No Renal Dialysis o'Yes o No Single Dialysis o'Yes o No Renal Dialysis o'Yes o No No Renal Dialysis o'Yes o No Renal Dialysis o'Yes o No No Renal Dialysis o'Yes o No No Renal Dialysis o'Yes o No No o'Yes o No Renal Dialysis o'Yes o No No o'Yes o No Renal Dialysis o'Yes o No No o'Yes o No Renal Dialysis o'Yes o No No o'Yes o No O'Yes o No Renal Dialysis	Are you allergic to	any of the fo	llowing?					
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Do you have, or have you had, any of the following? DS/HIV positive	•			-			_ 200017000110	
DS/HIV positive OYes O No Corrisone Medicine OYes O No Hemophilia OYes O No Renumatic Fever OYes O No Laphylaxis OYes O No Drug Addiction OYes O No Hepatitis B or C OYes O No Rheumatism OYes O No Laphylaxis OYes O No Drug Addiction OYes O No Hepatitis B or C OYes O No Rheumatism OYes O No Laphylaxis OYes O No Laphyl	☐ Other If yes, ple	ease explain:						
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Untits/Gout Oyes o No Epilepsy or seizures Oyes o No Hypoglycemia Oyes o No Sickle Cell Disease Oyes o No Hypoglycemia Oyes o No Sinus Trouble Oyes o No Hypoglycemia Oyes o No Spina Bifida Oyes o No Hypoglycemia Oyes o No Spina Bifida Oyes o No Spina Bifida Oyes o No Spina Bifida Oyes o No Hypoglycemia Oyes o No Spina Bifida Oyes o No Storach/ Intestinal Disease Oyes o No Beathing Problem Oyes o No Prequent Cough Oyes o No Eathing Problem Oyes o No Prequent Headaches Oyes o No Central Herpes Oyes o No Hoper Oyes o No								
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emotherapy o Yes o No Glaucoma o Yes o No Tuberculosis o Yes o No Mitral Valve Prolapse o Yes o No est Pains o Yes o No Hay Fever o Yes o No Pain in Jaw Joints o Yes o No Tumors or Growths o Yes o No negerital Heart Disorder o Yes o No Heart Murmur o Yes o No Parathyroid Disease o Yes o No No Psychiatric Care o Yes o No Psychiatric Care o Yes o No No Psychiatric Care o Yes o No Psychiatric Care o Yes o No Psychiatric Care o Yes o No Yes o No No Psychiatric Care o Yes o No Yes o No No No Psychiatric Care o Yes o No Yes o No No No Psychiatric Care o Yes o No Yes o No No No Psychiatric Care o Yes o No Yes o No N	•		1				2	
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ngenital Heart Disorder o'Yes o No Heart Murmur o'Yes o No Psychiatric Care o'Yes o No Venereal Disease o'Yes o No nvulsions o'Yes o No Heart Pace Maker o'Yes o No Radiation Treatments o'Yes o No Yellow Jaundice o'Yes o No O'Yes o'No Heart Trouble/Disease o'Yes o'No Recent Weight Loss o'Yes o'No No N		\circ Yes \circ No	Hay Fever	\circ Yes \circ No	Pain in Jaw Joints	\circ Yes \circ No	-	\circ Yes \circ No
Minulsions of Yes on No Heart Pace Maker of Yes on No Radiation Treatments of Yes on No Yellow Jaundice of Yes on No	old Sores/ Fever Blisters	\circ Yes \circ No	Heart Attack/Failure	\circ Yes \circ No	Parathyroid Disease	\circ Yes \circ No	Ulcers	\circ Yes \circ No
Have you ever had any serious illness not list above? OYes ONO If yes, please explain: ments: to the best of my knowledge, the questions on this form have been accurately answered. I understand that providing the incorrect formation can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical attus.	ongenital Heart Disorder	\circ Yes \circ No	Heart Murmur	\circ Yes \circ No	Psychiatric Care	$\circ Yes \circ No$	Venereal Disease	$\circ Yes \circ No$
Have you ever had any serious illness not list above? OYes ONO If yes, please explain: ments: to the best of my knowledge, the questions on this form have been accurately answered. I understand that providing the incorrect formation can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical atus.							Yellow Jaundice	\circ Yes \circ No
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