

PATIENT MEDICAL HEALTH HISTORY

Patient Name: _____

Height: _____ Weight: _____

Physician's Name: _____

Are you taking Tagament (Cimetidine) N Y

City, State, Zip _____

Do you take Antacids? N Y

Are you currently under the care of a Physician? N Y

Do you regularly take dietary supplements or herbal medicines? N Y

If yes, for what? _____

Do you snore? N Y

Have you ever been hospitalized? N Y

Have you been prescribed CPAP? N Y

If yes, for what? _____

If yes, do you wear it regularly? N Y

Are you taking any medications?
(prescriptions or over-the-counter) N Y
If so, please list the names and dosages of each:

Do you regularly use natural or herbal oral health products? N Y

Have you recently substituted herbs for over the counter or prescription drugs? N Y

Are you required to take antibiotic premedication before dental treatment? N Y

Do you drink Soda Pop regularly? N Y
If yes, how much and how often? _____

Abnormal Blood Pressure? N Y

If yes, what is it usually? ____/____

Women Only:

Are you pregnant? N Y

Are you nursing a baby? N Y

Are you taking birth control pills? N Y

Are you on Hormone Therapy? N Y

Do you have Osteoporosis? N Y

If yes, have you had any treatment(s) for Osteoporosis? N Y

If yes, what treatment(s)? _____

Are you allergic to or have you had a reaction to:

Latex or Rubber N Y

Local Anesthetics N Y

Penicillin or Amoxicillin N Y

Clindamycin N Y

Aspirin or Ibuprofen N Y

Codeine or Hydrocodone N Y

Sedatives N Y

Other: _____

Do you use tobacco? N Y

If so, how much do you smoke/chew per day? _____

For how long? _____

For the following questions circle yes or no if you have or have had in the past any of the conditions. Your answers are for our records only and will be confidential.

	No	Yes		No	Yes
Heart Murmur (mitral valve prolapse)			Psychiatric Care		
Anemia or Blood Disease			Sore/Enlarged Lymph Nodes		
Diabetes			Tumor, Cancer, Chemotherapy		
Epilepsy or Seizures			Cold Sores or Canker Sores		
Hepatitis A, B or C			Stomach or Intestinal Problems		
Rheumatic Fever or Scarlet Fever			Swelling of the Feet /Ankles		
High Blood Pressure			Stroke or Heart Attack		
Asthma			Artificial Joint Replacement		
Angina or Chest Pain			Glaucoma		
Emphysema or Respiratory Illness			Excessive Bleeding from a cut		
Abnormal Heart Condition or Congenital Heart Problem			Liver Disease (including Jaundice)		
Fainting or Dizzy Spells			Drug or Alcohol Use		
Kidney Disease			Unintentional Weight Loss/Gain		
Heart Disease, Surgery, Pacemaker			Excessive Thirst		
Venereal Disease			H.I.V. Infection/AIDS		
Shortness of Breath			Thyroid or Parathyroid Disease		
Artificial Heart Valve			Cortisone Treatment		