HEALTH HISTORY

	-		Physicia	n:		Phone:	
. Have you been hospin	talized	in the	past two years?	1-4	1		NH.
 When was your last v Have you recently, or 	ISIL TO	ou pres	cian? Last co	mpiet	e pny	scription drugs incl. herbal remedies	
. Have you recently, or	arc y	ou pres	2	1 1101	2	scription drugs mer. herbar remedies	
						•	
4			5		_ 6	cle.) e.g.Penicillin, or other antibiotics	Del Car
 Have you ever reacted aspirin, codeine, local 	d adver	rsely to thetic (any medications or injections? freezing), nitrous oxide, or any o	(Pleas	se cire	cle.) e.g.Penicillin, or other antibiotics	
aspana, codeme, rous		(
. Have you ever been a	dvised	agains	t taking any specific type of med	icatio	n?		
. Do you have any of t	he foll	owing?	Asthma, Hay Fever, Food Alle	rgies,	Meta	al or Latex Allergies, Skin Rashes,	
Hives, or any other	allerg	con	ditions?	111	•		
. Do any of these allers If so, please explain:	gic cor	ditions	result in headache, nausea, swe	elling,	shor	tness of breath, or chest constriction?	
	ry of I	Diabetes	s, Cancer or Heart Disease?				
Do you bleed EXCES	SSIVE	LY fron	n a cut or injury, or bruise easily	?			
1. Do your ankles, feet	or hand	ds swel	1?				
2. Has your weight, app	etite of	energy	y level changed dramatically rec	ently?	_		
4. Do you tollow a spec	ortnes	s of bre	eath or chest pain when taking a	valk c	or clir	mbing stairs?	
5 Have you tested HIV	nocitix	109					
Do you have FREOU	ENT S	SEVER	E headaches, earaches, ear/thro	at infe	ection	ns?	MA
7. Have you ever had an	y injur	ry or su	rgery to your face or jaws?				
 Do you wear eyeglass Do you have any hear 	ses or	contact					
			The state of the s				
Are you wearing	the tra	insdern	nal nicotine patch?				-
1. Are you alcohol and/o	or drug	g depen	dent?				F
and Harra view so	ceived	trantm	20040				A STREET
and, Have you re	0.5	ueaun	ent?			BY IED II - B	
2. INDICATE WHICH	OF TH	IE FOL	LOWING YOU PRESENTLY	HAVE		EVER HAD:	
2. INDICATE WHICH	OF TH	IE FOL	LOWING YOU PRESENTLY	HAVE		EVER HAD:	
2. INDICATE WHICH	OF TH	NO	LOWING YOU PRESENTLY Glaucoma	HAVE YES	NO 🗆	Lupus	
2. INDICATE WHICH CALLD.S. Canemia	OF TH	NO	Glaucoma Head/neck injuries	YES	NO	Lupus Malignant Hyperthermia	
2. INDICATE WHICH CALLD.S. Anemia Angina pectoris	OF TH	NO	Glaucoma Head/neck injuries Heart disease or attack	YES	NO	Lupus Malignant Hyperthermia Mental/nervous disorder	
2. INDICATE WHICH CALLD.S. Anemia Angina pectoris Arthritis/rheumatism	OF TH	NO CONTRACTOR OF THE POLICE FOLIATION OF THE POLICE FO	Glaucoma Head/neck injuries Heart disease or attack Heart murmur	YES	NO DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	Lupus Malignant Hyperthermia Mental/nervous disorder Mitral valve prolapse	
2. INDICATE WHICH CALLD.S. Anemia Angina pectoris Arthritis/rheumatism Artificial heart valve	OF TH	NO	Glaucoma Head/neck injuries Heart disease or attack Heart murmur Heart pacemaker	YES	NO DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	Lupus Malignant Hyperthermia Mental/nervous disorder Mitral valve prolapse Organ transplant/medical implant	
2. INDICATE WHICH CALLD.S. Anemia Angina pectoris Arthritis/rheumatism Artificial heart valve Artificial joints(hip, knee)	OF TH	NO	Glaucoma Head/neck injuries Heart disease or attack Heart murmur Heart pacemaker Heart rhythm disorder	YES	NO DO	Lupus Malignant Hyperthermia Mental/nervous disorder Mitral valve prolapse Organ transplant/medical implant Psychiatric treatment	0000
2. INDICATE WHICH of A.I.D.S. Anemia Angina pectoris Arthritis/rheumatism Artificial heart valve Artificial joints(hip, knee) Blood disorders	YES CONTRACTOR OF THE	NO CONTRACTOR OF THE POLICE FOLIATION OF THE POLICE FO	Glaucoma Head/neck injuries Heart disease or attack Heart murmur Heart pacemaker Heart rhythm disorder Heart surgery	YES	NO OO OO OO OO	Lupus Malignant Hyperthermia Mental/nervous disorder Mitral valve prolapse Organ transplant/medical implant Psychiatric treatment Radiation treatment/chemotherapy	0000
2. INDICATE WHICH of ALI.D.S. Anemia Angina pectoris Arthritis/rheumatism Artificial heart valve Artificial joints(hip, knee) Blood disorders Bronchitis	YES CONTRACTOR OF THE	NO	Glaucoma Head/neck injuries Heart disease or attack Heart murmur Heart pacemaker Heart rhythm disorder Heart surgery Hepatitis A B C	YES	NO 00 00 00 00 00	Lupus Malignant Hyperthermia Mental/nervous disorder Mitral valve prolapse Organ transplant/medical implant Psychiatric treatment Radiation treatment/chemotherapy Scarlet fever > Rheumatic fever	0000
2. INDICATE WHICH CALID.S. Anemia Angina pectoris Arthritis/rheumatism Artificial heart valve Artificial joints(hip, knee) Blood disorders Bronchitis Cancer	OF TH	NO	Glaucoma Head/neck injuries Heart disease or attack Heart murmur Heart pacemaker Heart rhythm disorder Heart surgery Hepatitis A B C Herpes	YES	NO	Lupus Malignant Hyperthermia Mental/nervous disorder Mitral valve prolapse Organ transplant/medical implant Psychiatric treatment Radiation treatment/chemotherapy Scarlet fever > Rheumatic fever Sickle cell disease	
2. INDICATE WHICH CALID.S. Anemia Angina pectoris Arthritis/rheumatism Artificial heart valve Artificial joints(hip, knee) Blood disorders Bronchitis Cancer Circulation problems	OF TH YES	NO	Glaucoma Head/neck injuries Heart disease or attack Heart murmur Heart pacemaker Heart rhythm disorder Heart surgery Hepatitis A B C Herpes High/Low blood pressure	YES OO	NO	Lupus Malignant Hyperthermia Mental/nervous disorder Mitral valve prolapse Organ transplant/medical implant Psychiatric treatment Radiation treatment/chemotherapy Scarlet fever Sickle cell disease Sinus trouble	00000000
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2. INDICATE WHICH of the control of	OF TH YES OHDER OF THE YES NT rece	NO CONTRACTOR OF THE POLICY OF	Glaucoma Head/neck injuries Heart disease or attack Heart murmur Heart pacemaker Heart rhythm disorder Heart surgery Hepatitis A B C Herpes High/Low blood pressure Hodgkins disease Hyper (Hypo) Glycemia Hypertension Inflammatory bowel disease Jaundice Kidney disease Liver disease Lung disease Measles	YES OO	NO 000000000000000000000000000000000000	Lupus Malignant Hyperthermia Mental/nervous disorder Mitral valve prolapse Organ transplant/medical implant Psychiatric treatment Radiation treatment/chemotherapy Scarlet fever —> Rheumatic fever Sickle cell disease Sinus trouble Stomach/intestinal problems/Ulcers Stroke Thyroid disease Tuberculosis Venereal Disease Other Other Other	0000000000000
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2. INDICATE WHICH OF A STATE OF A	NT records about a private	ently ave your hely to the last of the la	Glaucoma Head/neck injuries Heart disease or attack Heart murmur Heart pacemaker Heart rhythm disorder Heart surgery Hepatitis A B C Herpes High/Low blood pressure Hodgkins disease Hyper (Hypo) Glycemia Hypertension Inflammatory bowel disease Jaundice Kidney disease Liver disease Lure disease Lung disease Measles Mumps Chicken Pox In had in the past, any disease, coe ealth we should be made aware the Doctor about any problem or	HAVE YES Ondition of? or med	no on or ical c	Lupus Malignant Hyperthermia Mental/nervous disorder Mitral valve prolapse Organ transplant/medical implant Psychiatric treatment Radiation treatment/chemotherapy Scarlet fever Rheumatic fever Sickle cell disease Sinus trouble Stomach/intestinal problems/Ulcers Stroke Thyroid disease Tuberculosis Venereal Disease Other Other Other Other Strep throat Tonsillitis	

Reviewed by Treating Dentist: FORM: DMD845REGC REV:6

Date: