MEDICAL HISTORY							
Are you in good health? 🗅 Yes 🗅 N	lo • Height	Weight_	• Ar	e you unde	er the care o	f a physician? 🗖 Yes 🗖 No	
Has a physician or previous dentist r	recommended that yo	u take antibiotics	prior to your den	tal treatme	ent? 🗖 Yes 🛚	□ No	
Have you had any illness, operation	, or been hospitalized	in the past five ye	ears? 🗆 Yes 🗅 N	10			
Have you ever had general anesthesia	a? □ Yes □ No • Have	you, or a family m	ember, had any ui	nusual or s	erious reactio	ns to general anesthesia? 🖵 Yes 🖵 No	
Do you have, or have you had, an		iseases, medical		orocedure	s?		
Y N ☐ Rheumatic fever ☐ High blood pressure ☐ Low blood pressure ☐ Heart valve prolapse ☐ Heart murmur ☐ Chest pain / Angina ☐ Heart attack(s) ☐ Irregular heart beat ☐ Cardiac pacemaker ☐ Heart surgery ☐ Damaged heart valves ☐ Pneumonia / Bronchitis / Chronic cougl ☐ Chronic fatigue / Night sweat ☐ Trouble climbing 1-2 flights of stairs ☐ Asthma	Y N Mental health problems Problems with immune syster (possibly from med. / surg.) Delay in healing Hay fever / Sinus problems Snoring Sleep apnea / CPAP Respiratory problems Tuberculosis Emphysema Do you smoke If so, # packs a day Do you use chewing tobacco		Y N □ □ Bleeding tendency			Y N ☐ Sexually transmitted diseases ☐ Contagious diseases ☐ Infectious mononucleosis ☐ Swollen ankles ☐ Arthritis / Joint disease ☐ Prosthetic implant ☐ Joint replacement ☐ Osteoporosis / Osteopenia ☐ Osteonecrosis ☐ Stomach ulcers ☐ Gl troubles / IBS / Colitis ☐ Tumor or growth ☐ Cancer / Radiation / Chemotherapy ☐ Are you on a diet ☐ Contact lenses	
MEDICATION & ALLEI	RGIES						
Are you now taking: Y N I Nerve pills Diet pills Please list any other medication(s MEDICATION DIET MEDICATION	Y N Pain killers (in pain killers) Tranquilizers you are taking (ind pain killers) PREQUENCY		Insulinherbal, or home	opathic p	roducts):	Y N □ Stimulants □ Antidepressants □ Blood thinners (Coumadin,Aspirin) □ Are you taking, or have you ever taken, any bone density meds. or bisphosphonates, such as Fosamax, Boniva, Actonel, IV Zometa, Reclast, Xgeva, Prolia, or Aredia withir the past 12 years.	
Are you allergic to, or had a react Y N	YN Sulfa drugs q. Sulfa drugs q. Sulfa drugs	_	Y N Local anes Codeine o Sulfites Please list any	r other na	rcotics	Y N	
1-4 below for women only: (Women Const.1) Is there a possibility of pregnancy3) Are you nursing?		uch as penicillin) necologist for ass	may alter the efficience regardin 2) Expected del 4) Are you takin	ivery date	:	trol pills. of birth control.)	