## **Medical History**



HAVE YOU EVER HAD THE FOLLOWING: 1. Do you have any allergies 2. Heart problems 3. Rheumatic fever 4. High blood pressure 5. Stroke 6. Blood disorders or prolonged bleeding 7. Lung Disease 8. Asthma 9. Sinus problems 9. Kidney disease 10. Kidney disease 11. Liver disease 12. Hormone deficiency, (ie, thyroid) 13. Diabetes 14. Digestive disorders 15. Drug 16. Glaucoma 17. Osteoporosis (taking bisphosphonates) 17. Lung over all problems 18. Epilepsy, convulsions (seizures) 19. Neurological problems 20. Cold sores 21. Hay fever 22. Hepatitis (type	Patient Name:			Date of Birth:			
No you have any allergies  1. Do you have any allergies  1. Do you have any allergies  1. Glaucoma  1. Osteoporosis (taking bisphosphonates)  1. Repilepsy, convulsions (seizures)  1. Neurological problems  2. Neurological problems  2. Lang fever  2. Lang fever  2. Hay fever  2. Hepatitis (type  2. Neurological problems  2. Hepatitis (type  2. Neurological problems  2. Hepatitis (type  2. Hepatitis (	G.P's Name:			Date:			
No you have any allergies  1. Do you have any allergies  1. Do you have any allergies  1. Glaucoma  1. Osteoporosis (taking bisphosphonates)  1. Repilepsy, convulsions (seizures)  1. Neurological problems  2. Neurological problems  2. Lang fever  2. Lang fever  2. Hay fever  2. Hepatitis (type  2. Neurological problems  2. Hepatitis (type  2. Neurological problems  2. Hepatitis (type  2. Hepatitis (							
1. Do you have any allergies    Please state:	HAVE YOU EVER HAD THE FOLLOWING:	YES	NO	4.E. Austruitia	YES	NO	
17. Osteoporosis (taking bisphosphonates)   18. Epilepsy, convulsions (seizures)   18. Epilepsy, convulsions (seizures)   19. Neurological problems   19. Neurological p	1. Do you have any allergies						
18. Epilepsy, convulsions (seizures)  19. Neurological problems    19. Neurological problems	Please state:						
2. Heart problems							
Please state:  20. Cold sores  21. Hay fever  3. Rheumatic fever  4. High blood pressure  5. Stroke  6. Blood disorders or prolonged bleeding  7. Lung Disease  8. Asthma  9. Situs problems  10. Kidney disease  11. Liver disease  12. Hormone deficiency, (ie, thyroid)  Please state:  28. Pregnant  19. Jian blabetes  10. Liver disease  29. A smoker (average per week  10. Digestive disorders  29. A smoker (average per week)  20. Describe any current medical treatment, impending surgery or other treatment that may possibly affect your dental treatment.  Ask for an additional sheet if you are taking more than six medications  PLEASE ADVISE US IN THE FUTURE OF ANY CHANGES TO YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING Patient's  Dentist's							
20. Cold sores  21. Hay fever  21. Hay fever  22. Hepatitis (type	2. Heart problems						
21. Hay fever  3. Rheumatic fever  4. High blood pressure  5. Stroke  6. Blood disorders or prolonged bleeding  7. Lung Disease  8. Asthma  9. Sinus problems  10. Kidney disease  12. Hoyer disease  12. Presently being treated for any illness  12. Hormone deficiency, (ie, thyroid)  13. Diabetes  14. Digestive disorders  15. Describe any current medical treatment, impending surgery or other treatment that may possibly affect your dental treatment.  21. Hay fever  22. Hepatitis (type	Please state:						
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5. Stroke 6. Blood disorders or prolonged bleeding 7. Lung Disease 8. Asthma 9. Sinus problems 10. Kidney disease 127. Presently being treated for any illness 12. Hormone deficiency, (ie, thyroid) 12. Hormone deficiency, (ie, thyroid) 13. Diabetes 14. Digestive disorders 15. Describe any current medical treatment, impending surgery or other treatment that may possibly affect your dental treatment.  List any medications, supplements including birth control.  Drug Purpose  Drug Purpose  Ask for an additional sheet if you are taking more than six medications PLEASE ADVISE US IN THE FUTURE OF ANY CHANGES TO YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING Patient's  Dentist's  Dentist's							
6. Blood disorders or prolonged bleeding 24. Radiation therapy 27. Lung Disease 25. Chemotherapy 25. Chemotherapy 26. Psychiatric treatment 26. Psychiatric treatment 27. Psychiatric treatment 27. Presently being treated for any illness 28. Presently being treated for any illness 29. As medication and illness 29. As medications 29. As medica				_			
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8. Asthma 26. Psychiatric treatment 29. Sinus problems 26. Psychiatric treatment 27. Presently being treated for any illness 29. As moterial treatment.				• •			
9. Sinus problems							
10. Kidney disease	9. Sinus problems			26. Psychiatric treatment			
12. Hormone deficiency, (ie, thyroid)				ARE YOU:			
12. Hormone deficiency, (ie, thyroid)	11. Liver disease			27. Presently being treated for any illness			
13. Diabetes 29. A smoker (average per week)	12. Hormone deficiency, (ie, thyroid)						
13. Diabetes 29. A smoker (average per week)	Please state:			28. Pregnant			
Describe any current medical treatment, impending surgery or other treatment that may possibly affect your dental treatment.  List any medications, supplements including birth control.  Drug Purpose Drug Purpose  Ask for an additional sheet if you are taking more than six medications  PLEASE ADVISE US IN THE FUTURE OF ANY CHANGES TO YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING  Patient's Dentist's	13. Diabetes						
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dental treatment.  List any medications, supplements including birth control.  Drug Purpose Drug Purpose  Ask for an additional sheet if you are taking more than six medications PLEASE ADVISE US IN THE FUTURE OF ANY CHANGES TO YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING Patient's Dentist's	Describe any current medical treatmen	ıt, impen	ding sur	gery or other treatment that may possibly affe	ct you	ur	
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PLEASE ADVISE US IN THE FUTURE OF ANY CHANGES TO YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING Patient's Dentist's							
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## **Changes to Medical History**

Amendments	Patient Signature	Dentist	Date