

PATIENT NAME: _____

Although dental personnel treat primarily in and around your mouth, your mouth is a part of your entire body. Health problems that you may have, or medication you may be taking, could have an important interrelationship with the dentistry you receive. Thank you for answering the following questionnaire.

Are you ALLERGIC to any of the following?

Aspirin	Codeine	Penicillin/Amoxicillin	Cleocin
Latex	Percocet	Vicodin	Sulfa

Please list any other allergies _____

Are you currently on any blood thinners? No Yes (please list): _____

Do you have any of the following?

- Anemia
- Angina
- Arthritis/Gout
- Artificial Heart Valve
- Artificial Joints
- Asthma
- Bacterial Endocarditis
- Blood Disease
- Blood Transfusion
- Breathing Problems
- Bruise Easily
- Cancer
- Chemotherapy
- Coumadin Usage
- Congenital Heart Disease
- Cortisone Medication
- Diabetes
- Drug Addiction
- Emphysema
- Excessive Bleeding
- Epilepsy/Seizures
- Fainting Spells/Dizziness
- Heart Attack/Failure
- Heart Disease
- Heart Murmur
- Heart Pacemaker
- Heart Surgery
- Hemophilia
- Hepatitis A
- Hepatitis B or C
- Herpes
- High Blood Pressure
- Hives/Rash
- HIV/AIDs
- Hypoglycemia
- Irregular Heart Beat
- Kidney Problems
- Leukemia
- Liver Disease
- Low Blood Pressure
- Lung Disease
- Migraine Headaches
- Pregnant
- Radiation Therapy
- Rheumatic Fever
- Sinus Problems
- Smoker/Chewing Tobacco
- Stomach/Intestinal Disease
- Stroke
- Swelling Of Limbs
- Thyroid Disease
- TMJ Problems
- Tuberculosis
- Tumors/Growths

Have you been recently informed by a physician to take Pre-Medication prior to dental appointments?

- No Yes

Please list any current medications: _____

Do you have any serious illness which is not listed above? No Yes (please explain): _____

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my health. It is my responsibility to inform the dental office of any changes in my medical status.

Signature of Responsible Party: _____ Date: _____