Medical History

- ☐ **Allergy Aspirin
- ☐ **Allergy Codeine
- ☐ **Heart Murmur
- ☐ **MVP
- ☐ **NO EPI
- ☐ **Pre-Med
- ☐ **See RX List/Chart
- ☐ ADHD
- ☐ Aids-HIV
- ☐ Allergies
- ☐ Amoxicillin
- ☐ Anemia
- ☐ Arthritis
- ☐ Artificial Joint/Val
- ☐ Aspirin
- ☐ Asthma
- ☐ Autism
- ☐ Barbiturates
- ☐ Blood Disease
- ☐ Cancer
- ☐ Chemical Addiction
- ☐ Codeine
- ☐ Dementia
- ☐ Dental Anasthetics
- ☐ Diabetes
- ☐ Dizziness/Fainting
- ☐ Epilepsy
- ☐ Epinephrine
- ☐ Erthromycin allergy
- ☐ Excessive Bleeding
- ☐ Fainting
- ☐ Glaucoma
- ☐ Hay Fever
- ☐ Head Injuries
- ☐ Heart Disease
- ☐ Heart Problems
- ☐ Hepatitis
- ☐ Hepatitis C
- ☐ Herpes
- ☐ High Blood Pressure
- ☐ Jaundice
- ☐ Kidney Disease
- ☐ Latex
- ☐ Liver Disease
- ☐ Local Anesth
- ☐ Low Blood Pressure
- ☐ Mental Disorders
- ☐ Metals
- ☐ Nervous Disorders
- ☐ Other
- ☐ Other
- ☐ Pacemaker
- ☐ Penicillin
- ☐ Pregnant
- ☐ Radiation Treatment
- ☐ Respiratory Problems
- ☐ Rheumatic Fever
- ☐ Rheumatism
- ☐ Sinus Problems
- ☐ STD
- ☐ Stomach Problems
- ☐ Stroke
- ☐ Sulfa Drugs
- ☐ Tamaflu
- ☐ Tetracycline
- ☐ Thyroid Disease
- ☐ Tobacco Habit
- ☐ Tuberculosis
- ☐ Tumors
- ☐ Ulcers

Other Medical History

- ☐ Ever been hospitalized, (illness or injury)
- ☐ Subject to frequent headaches
- ☐ Presently being treated for any other illnesses
- ☐ A smoker or smoked previously
- ☐ Taking medication for weight control (ie: fen-phen)
- ☐ FEMALE: Taking birth control pills
- ☐ Taking dietary supplements
- ☐ FEMALE: pregnant

If any conditions or alerts selected above needs further clarification, please describe below:

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_____

Do you take antibiotic premedication for your dental visits? If yes, please explain:

_____

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☐ * **By checking this box, I acknowledge that the above information is correct and I understand it is my responsibility to inform the office of any changes in my health as soon as possible**