Medical History

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

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:

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

* 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