## HEALTH QUESTIONNAIRE

| ••••  | EDICAL HISTORY   |  |  |  |   |   |   |  |   |                                 |   |                                  |
|---|--|--|--|--|---|---|---|--|---|---------------------------------|---|----------------------------------|
| Na  | ame of Physician   |  |  |  |   |   |   |  |   |                                 | Phone:  |                                  |
|   | ur current physical h  |  | GOOD   |  | FAIR  |   | POOR  |  |   |                                 |   |                                  |
|   | e you currently unde   |  |  |  | Y   | N   |   | lain:  |   |                                 |   |                                  |
|   | •  |  |  |  |   |   |   |  |   |                                 |   |                                  |
|   | e you taking any pre   | •  | 0 ( )  |  | Υ   | N   | Please exp  |  |   |                                 |   |                                  |
|   | ease list each one: _  |  |  |  |   |   |   |  |   |                                 |   |                                  |
| Ha  | ave you ever had any   | serious illness or   | r operation?   |  | Υ   | N   | Please exp  | lain:  |   |                                 |   |                                  |
| D   | YOU HAVE TO BE   | PREMEDICATED   | D BEFORE DENTA   | LTREA  | TMENT?  | Υ   | N   | HAVE YOU                                       | EVER                                    | RTAI                            | KEN PHEN-FEN? Y   | N                                |
| IF  | SO, HAVE YOU CO  | NSULTED YOUR   | M.D. REGARDING   | HEAR   | CONDI   | ΓΙΟΝ. Please  | e explain:  |  |   |                                 |   |                                  |
|   | OR WOMEN<br>e you taking birth co  | ntrol pills?   | Y N  | A  | re you pre  | egnant?   | Y N   | ,  | Are yo                                  | ou ni                           | ursing? Y N   |                                  |
| H   | AVE YOU EVER HAI   | O ANY OF THE FO  | OLLOWING DISEA   | ASES O   | R MEDIC   | AL PROBLE   | MS?   |  |   |                                 |   |                                  |
|   | Y N Heart Attac  | k/Stroke   |  | Y N  | High o  | r Low Blood   | Pressure  |  | Υ                                       | N                               | Ulcers  |                                  |
|   |  | emotherapy   |  | Y N  | Fever   |   | oodoobca  |  | Y                                       |                                 | Congenital Heart Defect   |                                  |
|   | Y N Heart Murn Y N Rheumatic   |  |  | Y N<br>Y N   |   | e/Frequent H<br>c Pacemake  |   |  | Y<br>Y                                  |                                 | Radiation Treatment Asthma  |                                  |
|   |  | ery/Pacemaker  |  | Y N  |   | atric Problen   |   |  | Y                                       |                                 | Difficulty Breathing  |                                  |
|   | Y N Shingles   | Dualanaa   |  | YN   |   | sy/Seizures/I   | Fainting  |  | Y                                       |                                 | Hospitalized for any reason   |                                  |
|   | Y N Mitral Valve<br>Y N Kidney Prol  | •  |  | Y N<br>Y N   | Diabet<br>Drug/A  | es<br>Alcohol Abus  | 9   |  | Y<br>Y                                  |                                 | Hepatitis Blood Transfusion   |                                  |
|   | Y N Artificial Bo  |  |  | Y N  | _   | eal Disease   |   |  | Y                                       |                                 | Emphysema   |                                  |
|   | Y N Artificial Va  |  |  | YN   |   |   | nal Bleeding  |  | Y                                       |                                 | HIV+/AIDS   |                                  |
|   | Y N Sinus Probl<br>Y N Tuberculosi   |  |  | Y N<br>Y N   | Glauco<br>Colitis   |   |   |  | Y<br>Y                                  |                                 | Anemia<br>Arthritis   |                                  |
| Pl  | ease list any medica   | I condition(s) that  | you have ever had  | :  |   |   |   |  |   |                                 |   |                                  |
| _   |  |  |  |  |   |   |   |  |   |                                 |   |                                  |
| Δ   | e vou allergic to an   | y of the followin  | a drugs or materia   | als?   |   |   |   |  |   |                                 |   |                                  |
|   | e you allergic to an<br>Y N Penicillin   | y of the followin  | g drugs or materia   | als?<br>Y N  | Tetracy   | /cline  |   |  | Υ                                       | N                               | Aspirin   |                                  |
|   |  |  | g drugs or materia   |  | Tetracy<br>Codeir   |   |   |  |   | N<br>N                          | Aspirin<br>Antibiotics  |                                  |
|   | Y N Penicillin   | in   | g drugs or materia   | Y N  |   |   |   |  |   | N                               |   |                                  |
|   | Y N Penicillin<br>Y N Erythromyd   | in<br>S  | -  | Y N<br>Y N<br>Y N  | Codeir<br>Latex   |   |   |  | Υ                                       | N                               | Antibiotics   |                                  |
| PI  | Y N Penicillin<br>Y N Erythromyd<br>Y N Sulfa Drugs  | in<br>S  | -  | Y N<br>Y N<br>Y N  | Codeir<br>Latex   |   |   |  | Υ                                       | N                               | Antibiotics   |                                  |
| PI-   | Y N Penicillin<br>Y N Erythromyc<br>Y N Sulfa Drugs<br>ease list any other d   | in<br>S  | -  | Y N<br>Y N<br>Y N  | Codeir<br>Latex   | ne  |   |  | Υ                                       | N                               | Antibiotics   |                                  |
| PI<br>MI  | Y N Penicillin Y N Erythromyc Y N Sulfa Drugs ease list any other di   | in<br>s<br>rugs that you are a   | allergic to:   | Y N<br>Y N<br>Y N  | Codeir<br>Latex   | ne  |   |  | Υ                                       | N                               | Antibiotics<br>Other  |                                  |
| PI/<br>MI<br>Pr   | Y N Penicillin Y N Erythromyc Y N Sulfa Drugs ease list any other di EDICAL HISTORY evious Dentist ental Complaint at th   | in s rugs that you are a   | allergic to:   | Y N<br>Y N<br>Y N  | Codeir<br>Latex   | ne  |   |  | Y                                       | N<br>N                          | Antibiotics<br>Other  |                                  |
| PI<br>MI<br>Pr<br>De  | Y N Penicillin Y N Erythromyc Y N Sulfa Drugs ease list any other de EDICAL HISTORY evious Dentist ental Complaint at the ave you ever had any   | in rugs that you are a   | allergic to:   | Y N<br>Y N<br>Y N  | Codeir<br>Latex   | ne  |   |  | Y                                       | N                               | Antibiotics Other  Phone:   |                                  |
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| PII MI Pr De Ha Ha Ex Do de dr  | Y N Penicillin Y N Erythromyc Y N Sulfa Drugs ease list any other de EDICAL HISTORY evious Dentist ental Complaint at the ave you ever had any ave you ever had any evious beneding gry Y N Bleeding gry Y N Food impact Y N Glenching gry Y N Glenchi | in rugs that you are a rugs that X-Rays of you use any of the follows betton for grinding at taste  TMENT: I hereby a rugs advisable in the control of the rugs and the rugs are a rugs and the rugs are that you are a rugs and the rugs are that you are a rugs are a | allergic to:etion from a local are associated with any ur entire mouth? llowing? | Y N Y N Y N  Previous  Y N Y N Y N Y N Y N Y N Y N Y N Y N Y | Codeir Latex  Complete Section Complete | reatment? ications from ontal (gums) dontic treatm ttes, pipe or floss e of the care n and intravent. I have the care in th | extractions<br>treatment<br>ent<br>cigar smoking<br>of the patient<br>enous sedation<br>been informed | whose name<br>; and to perf<br>of all possible | Y Y  Ilong s Y Y Y  appee corm s e corm | N<br>N<br>N<br>N<br>N<br>N<br>N | Antibiotics Other  Phone:  Phone:  a last dental treatment?  Water jet device Fluoride supplements Fluoride treatments  on this form to administer any treat dental operations or procedures as | ment, or<br>s may be<br>s and/or |