MEDICAL HISTORY

PATIENT NAME		Birth Date		
				y. Health problems that you may ive. Thank you for answering the
Have you ever been hospita Have you ever had Are you taking ar Do you take, or have y Have you ever taken Fo	under a physician's care now? lized or had a major operation? a serious head or neck injury? ny medications, pills, or drugs? ou taken, Phen-Fen or Redux? samax, Boniva, Actonel or any s containing bisphosphonates? Are you on a special diet?	Yes No If yes, plea Yes No If yes, plea Yes No If yes, plea Yes No Yes No Yes No	se explain: se explain: se explain: se explain: men: Are you Pregnant/Trying to get preg	
Do y Are you allergic to any of Aspirin Penic Other If yes, please	cillin Codeine		Taking oral contraceptives? Latex Local An	esthetics Sulfa Drugs
AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy	had, any of the following? Chest Pains Cold Sores/Fever Blisters Congenital Heart Disorder Convulsions Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizziness Frequent Cough Frequent Diarrhea	Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/Disease Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Yes No If yes, please	Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Osteoporosis Pain in Jaw Joints Parathyroid Disease Psychiatric Care Radiation Treatments Recent Weight Loss Renal Dialysis	Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disease Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease Yellow Jaundice
To the best of my knowle dangerous to my (or patie	dge, the questions on this form ent's) health. It is my responsit	have been accurately answe	red. I understand that providir e of any changes in medical st	ng incorrect information can be atus.
CIONATURE OF DATIES	IT, PARENT, or GUARDIAN			DATE