

MEDICAL HISTORY FORM

Date _____

Name _____
Last First Middle

Home Phone () _____

Address _____
Number/Street

Cell Phone () _____

City _____

Work Phone () _____

Occupation _____ Employer _____

Date of Birth ___/___/___ Social Security Number _____ - _____ - _____ Gender M F

Single/Married Name of Spouse _____ Phone () _____

Referred By: _____ Physician _____

For the following questions, circle yes or no, whichever applies. Your answers are confidential and are for our records only. Please answer each question as honestly and completely as possible.

- Y....N Are you in good health?
- Y....N Has there been a change in your general health within the last year?
My last physical exam was _____
- Y....N Are you currently under the care of a physician?
If so, what is the condition being treated _____
- Y....N Are you taking any medicines, including non-prescription and herbal? If so what? _____
- Y....N Are you taking Viagra or other E.D. drugs?

Are you allergic or have you had a reaction to:

- Y....N Local anesthetics
- Y....N Penicillin
- Y....N Other antibiotics and if so, what? _____
- Y....N Sulfa drugs
- Y....N Barbiturates, sedatives, or sleeping pills
- Y....N Aspirin
- Y....N Iodine
- Y....N Codeine or other narcotics
- Y....N Any metals
- Y....N Latex/Rubber
- Y....N Other _____

DO YOU HAVE, OR HAVE YOU EVER HAD:

- Y....N Damaged heart valves
- Y....N Artificial heart valves
- Y....N Heart murmur or heart valve problems
- Y....N Rheumatic heart disease
- Y....N Heart trouble
- Y....N Heart attack
- Y....N Angina
- Y....N Coronary insufficiency
- Y....N Coronary occlusion
- Y....N Artificial joints
- Y....N Inborn heart disease
- Y....N Cardiac pacemaker
- Y....N Allergy
- Y....N Sinus trouble
- Y....N Asthma or hay fever

- Y....N Fainting spells or Seizures
- Y....N Persistent diarrhea or recent weight loss
- Y....N Diabetes - Last AIC _____ Date _____
- Y....N Jaundice
- Y....N Liver disease or hepatitis
- Y....N AIDS or HIV infection
- Y....N Thyroid problems
- Y....N Respiratory problems, emphysema, bronchitis, etc.
- Y....N Arthritis: Rheumatoid or Osteo
- Y....N Stomach ulcer
- Y....N Hyperacidity
- Y....N Kidney trouble
- Y....N Tuberculosis
- Y....N Persistent cough or cough that produces blood
- Y....N Persistent swollen glands in neck

Do you premedicate with antibiotics for dental appointments? Y...N

