Oneal Russell, DDS, LLC
71 Amos Garrett Blvd
Annapolis, MD 21401
(410) 263- 4300

Medical History Update

Please indicate if you have a history of the following medical conditions:

Abnormal bleeding	☐ Yes	☐ No	Fainting spells	☐ Yes	☐ No	Seizures	☐ Yes	☐ No
Alcohol abuse	☐ Yes	☐ No	Fever blister	☐ Yes	☐ No	Shingles	☐ Yes	☐ No
Anemia	☐ Yes	☐ No	Frequent headaches	☐ Yes	☐ No	Sickle cell	☐ Yes	☐ No
Angina	☐ Yes	☐ No	Glaucoma	☐ Yes	☐ No	Sinus prob.	☐ Yes	☐ No
Allergies	☐ Yes	☐ No	Hayfever	☐ Yes	☐ No	Stroke	☐ Yes	☐ No
Arthritis	☐ Yes	☐ No	Heart attack	☐ Yes	☐ No	Thyroid issue	☐ Yes	☐ No
Artificial bones	☐ Yes	☐ No	Heart surgery	☐ Yes	☐ No	Tuberculosis	☐ Yes	☐ No
Artificial heart/valves	☐ Yes	☐ No	Hemophilia	☐ Yes	☐ No	Ulcers	☐ Yes	☐ No
Asthma	☐ Yes	☐ No	Hepatitis (A/B/C)	☐ Yes	☐ No	Venereal disease		
Blood transfusion	☐ Yes	☐ No	High blood pressure	☐ Yes	☐ No		☐ Yes	☐ No
Cancer/chemotherapy	☐ Yes	☐ No	HIV/AIDS	☐ Yes	☐ No	Yellow jaundice		
Colitis	☐ Yes	☐ No	Kidney problems	☐ Yes	☐ No		☐ Yes	☐ No
Congenital heart disease	☐ Yes	☐ No	Liver disease	☐ Yes	☐ No			
Cosmetic surgery	☐ Yes	☐ No	Low blood pressure	☐ Yes	☐ No	Other conditions not listed:		
Diabetes	☐ Yes	☐ No	Mitral valve prolapse	☐ Yes	☐ No	_____		
Difficulty breathing	☐ Yes	☐ No	Pacemaker	☐ Yes	☐ No	_____		
Drug abuse	☐ Yes	☐ No	Psychiatric problems	☐ Yes	☐ No	_____		
Emphysema	☐ Yes	☐ No	Radiation therapy	☐ Yes	☐ No	_____		
Epilepsy	☐ Yes	☐ No	Rheumatic fever	☐ Yes	☐ No	_____		

Do you have any have any medical conditions that need further clarification: ☐ Yes ☐ No
If yes, please explain: _____

Are you now currently under the care of a physician? ☐ Yes ☐ No If yes, please explain: _____

Name of physician: _____ Phone: _____

Have you been admitted to a hospital or needed emergency care since your last visit? ☐ Yes ☐ No
If yes, please explain: _____

Please list all prescription or over the counter **medications**: _____

_____

_____

_____

Pregnant: ☐ Yes ☐ No If yes, how many weeks: _____ Nursing: ☐ Yes ☐ No

To the best of my knowledge, all of the preceding answers and information provided are true and correct. If I ever have any change in my health, I will inform the doctors at the next appointment without fail.

_____ Date: _____
Signature of patient, parent or guardian

In the near future our dental software MAY be able to remind you of your upcoming appointments through email, phone or text. Until this time we will continue to call you to remind you of your appointments. When the software system allows a different method of communication, how would you like to be contacted?

Please circle one: Phone, email, text message
Please list number or email address: _____

Please bring a current copy of your dental insurance card to your appointment.