Health History

Name____

1. Are you in good health? Height _______ Weight_______ Age _______ ☐Yes ☐No
2. Have there been any changes in your general health within the past five years? ☐Yes ☐No
3. Are you under the care of a physician? ☐Yes ☐No
4. What are you being treated for? ____
   ____
5. Have you had any illness, operations or been hospitalized in the past five years? ☐Yes ☐No
   Please list____
   ____
6. Do you have a heart valve replacement or artificial joint replacement, pacemaker or implantable defibrillator? ☐Yes ☐No
7. Are you **allergic** to or ever had an adverse reaction to any medication? ☐Yes ☐No
   Please list ____
   ____
8. Are you taking any kind of medicine, drugs, or pills? ☐Yes ☐No
   Please list ____
   ____
   ____
   ____
9. Do you take or have taken bisphosphonate drugs? ☐Yes ☐No
   (i.e. Fosamax, Boniva, Actonel, Zometa, Aredia)
10. Do you take anticoagulants (blood thinners) such as Coumadin, Plavix, Aggrenox, Aspirin? ☐Yes ☐No
11. Do you have chest pain or shortness of breath on exertion? ☐Yes ☐No
12. Are you subject to any nervous disorders, fainting or dizziness? ☐Yes ☐No
13. Are you subject to profuse bleeding? ☐Yes ☐No
14. **Women**: are you pregnant at this time? ☐Yes ☐No
15. **Women**: are you nursing? ☐Yes ☐No
16. Do you smoke? How many pack(s) per day? ______ ☐Yes ☐No
17. Have you ever had an unfavorable reaction to dental treatment ☐Yes ☐No
    Please list____

Please check boxes below for any illnesses or conditions you may have:

☐High Blood Pressure
☐Porphyria
☐Asthma
☐Rheumatic Fever
☐Thyroid Conditions
☐Ulcers
☐Cancer
☐Heart Trouble
☐Epilepsy
☐Diabetes
☐Anemia
☐Liver Disease
☐Tuberculosis
☐Stroke
☐Venereal Disease
☐Jaundice
☐Heart Murmur
☐AIDS/HIV
☐Hepatitis
☐Chest Pains
☐Irregular Heartbeat
☐Cardiac Pacemaker/Defibrillator
☐Heart Surgery
☐Blood Transfusion
☐X-Ray Treatment/Chemotherapy
☐Malignant Hyperthermia
☐Blood Disorder
☐History of Drug/Alcohol Abuse
☐Prosthetic Joints
☐Other Medical Issues not Listed
☐Kidney Disease

Patient Signature____Date_______________________

Parent/Guardian Signature______________________________________Date_______________________

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