lome Address								Home Phone					
Mail							Nork	Pho					
mployer						CCN#							
				-					y. Health problems that you ive. Thank you for answerin	-			
you under a physician	's care n	ow?	Yes No			If yes, please explain:							
ve you ever been hospi				Yes	No	If yes, please explain:							
ve you ever had a serio				Yes	No	If yes, please explain:							
you taking any medications, pills, or drugs? /ou take, or have you taken, Phen-Fen or Redux? you on a special diet?			Yes	No	If yes, please explain:								
			Yes	No									
			Yes	No									
you use tobacco?				Yes	No								
ve you ever taken Fosa	max.Boi	niva. A	ctonel or anv	. 50	•								
er medications contain				Yes	No								
men: Are you	J P.												
gnant/Trying to get pre	gnant?			Yes	No	Taking oral contraceptive	es?	Ye	es No Nursing?	Yes	No		
you allergic to any of t	he follow	/ing?											
you alloigle to ally of t	110 101101												
Appirin Do	nicillin	•	Codoino	Acrylic		Motal Latox		Loca	I Aposthotics sulfa drugs				
Aspirin Pe	enicillin		Codeine	Acrylic		Metal Latex		Loca	I Anesthetics sulfa drugs				
Aspirin Pe Other If yes, pleas			Codeine	Acrylic		Metal Latex		Loca	I Anesthetics sulfa drugs				
-1			Codeine	Acrylic		Metal Latex		Loca _	l Anesthetics sulfa drugs				
Other If yes, pleas	se expla	n:		Acrylic		Metal Latex  HighCholesterol	Yes	Loca - No	l Anesthetics sulfa drugs				
Other If yes, pleas	se expla	n:			s N	HighCholesterol	Yes Yes	_	I Anesthetics sulfa drugs  Renal Dialysis	Yes	No		
Other If yes, pleas you have, or have you IDS/HIV Positive	se expla	n:	e following?			HighCholesterol o Hemophilia		No			No No		
Other If yes, please you have, or have you IDS/HIV Positive Izheimer's Disease	had, any	in: / of the No	e following? Cortisone Medicine	Ye	s N	HighCholesterol o Hemophilia o Hepatitis A	Yes	No No	Renal Dialysis	Yes			
Other If yes, pleas  you have, or have you IDS/HIV Positive Izheimer's Disease naphylaxis	had, any Yes Yes	n: of the No No	e following? Cortisone Medicine Diabetes	Ye Ye	s No	HighCholesterol o Hemophilia o Hepatitis A o Hepatitis B or C	Yes Yes	No No No	Renal Dialysis Rheumatic Fever	Yes Yes	No		
Other If yes, pleas  You have, or have you  IDS/HIV Positive Izheimer's Disease naphylaxis nemia	had, any Yes Yes Yes	of the No	e following? Cortisone Medicine Diabetes Drug Addiction	Ye Ye Ye	s No s No	HighCholesterol o Hemophilia o Hepatitis A o Hepatitis B or C o Herpes	Yes Yes Yes Yes	No No No No	Renal Dialysis Rheumatic Fever Rheumatism	Yes Yes Yes	No No		
Other If yes, pleas  /ou have, or have you IDS/HIV Positive Izheimer's Disease naphylaxis nemia ngina	had, any Yes Yes Yes Yes Yes	n: / of the No No No No	e following? Cortisone Medicine Diabetes Drug Addiction Easily Winded	Ye Ye Ye Ye	s No s No s No	HighCholesterol o Hemophilia o Hepatitis A o Hepatitis B or C o Herpes o High Blood Pressure	Yes Yes Yes Yes	No No No No No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever	Yes Yes Yes Yes	No No No		
Other If yes, please you have, or have you IDS/HIV Positive Izheimer's Disease naphylaxis nemia ngina rthritis/Gout	had, any Yes Yes Yes Yes Yes Yes	n: / of the No No No No No No	e following? Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema	Ye Ye Ye Ye Ye	s No s No s No s No s No	HighCholesterol O Hemophilia O Hepatitis A O Hepatitis B or C O Herpes O High Blood Pressure O Hives or Rash	Yes Yes Yes Yes Yes	No No No No No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles	Yes Yes Yes Yes	No No No No		
Other If yes, please you have, or have you IDS/HIV Positive Izheimer's Disease naphylaxis nemia ngina uthritis/Gout rtificial Heart Valve	had, any Yes Yes Yes Yes Yes Yes	n:	e following? Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizure	Ye Ye Ye Ye Ye	s No s No s No s No s No s No	HighCholesterol  Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure Hives or Rash Hypoglycemia	Yes Yes Yes Yes Yes Yes	No No No No No No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease	Yes Yes Yes Yes Yes	No No No No No		
Other If yes, please you have, or have you IDS/HIV Positive Izheimer's Disease naphylaxis nemia ngina rthritis/Gout rtificial Heart Valve rtificial Joint	had, any Yes Yes Yes Yes Yes Yes Yes Yes	n:/ of the No	e following? Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizure Excessive Bleeding	Ye	S No S No S No S No S No S No S No	HighCholesterol Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure Hives or Rash Hypoglycemia Irregular Heartbeat	Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble	Yes Yes Yes Yes Yes Yes Yes	No No No No No		
Other If yes, please you have, or have you IDS/HIV Positive Izheimer's Disease naphylaxis nemia ngina rthritis/Gout rtificial Heart Valve rtificial Joint sthma	had, any Yes Yes Yes Yes Yes Yes Yes Yes Yes	/ of the No	e following? Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizure Excessive Bleeding Excessive Thirst	Ye	S Nos	HighCholesterol Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida	Yes Yes Yes Yes Yes Yes Yes	No No No No No No		
Other If yes, please you have, or have you IDS/HIV Positive Izheimer's Disease naphylaxis nemia ngina rthritis/Gout rtificial Heart Valve rtificial Joint sthma lood Disease	had, any Yes Yes Yes Yes Yes Yes Yes Yes Yes	/ of the No	e following? Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizure Excessive Bleeding Excessive Thirst Fainting Spells/Dizz	Ye Ye Ye Ye S Ye Ye Yeziness Ye	S Nos	HighCholesterol Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia	Yes	No No No No No No No No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disea	Yes Yes Yes Yes Yes Yes Yes Se Yes	No No No No No No No		
Other If yes, please you have, or have you IDS/HIV Positive Izheimer's Disease naphylaxis nemia ngina rthritis/Gout rtificial Heart Valve rtificial Joint sthma lood Disease lood Transfusion	had, any Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	of the No	e following? Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizure Excessive Bleeding Excessive Thirst Fainting Spells/Dizz Frequent Cough	Ye Ye Ye Ye Ye Ye Xeziness Ye Ye	S No	HighCholesterol Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease	Yes	No No No No No No No No No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disea Stroke	Yes Yes Yes Yes Yes Yes Yes Se Yes	No No No No No No No		
Other If yes, please you have, or have you IDS/HIV Positive Izheimer's Disease naphylaxis nemia ngina rthritis/Gout rtificial Heart Valve rtificial Joint sthma lood Disease lood Transfusion reathing Problem	had, any Yes	n:	e following? Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizure Excessive Bleeding Excessive Thirst Fainting Spells/Dizz Frequent Cough Frequent Diarrhea	Ye Ye Ye Ye Ye Ye Xeziness Ye Ye	S No	HighCholesterol Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure	Yes	No No No No No No No No No No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disea Stroke Swelling of Limbs	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No		
Other If yes, please you have, or have you IDS/HIV Positive Izheimer's Disease naphylaxis nemia ngina rthritis/Gout rtificial Heart Valve rtificial Joint sthma lood Disease lood Transfusion reathing Problem ruise Easily	had, any Yes	n:	e following? Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizure Excessive Bleeding Excessive Thirst Fainting Spells/Dizz Frequent Cough Frequent Diarrhea Frequent Headache	Yee Yee Yee Yee Yee Yee Yees	S No	HighCholesterol Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Lung Disease	Yes	No No No No No No No No No No No	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disea Stroke Swelling of Limbs Thyroid Disease	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No No		
Other If yes, please  you have, or have you IDS/HIV Positive Izheimer's Disease naphylaxis nemia ngina rthritis/Gout rtificial Heart Valve rtificial Joint sthma lood Disease lood Transfusion reathing Problem ruise Easily ancer	had, any Yes	of the No	e following? Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizure Excessive Bleeding Excessive Thirst Fainting Spells/Dizz Frequent Cough Frequent Diarrhea Frequent Headache Genital Herpes	Yee	S No.	HighCholesterol Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Lung Disease Mitral Valve Prolapse	Yes	No No No No No No No No No No No No No N	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disea Stroke Swelling of Limbs Thyroid Disease Tonsillitis	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No No No		
Other If yes, please  /ou have, or have you IDS/HIV Positive Izheimer's Disease naphylaxis nemia ngina rthritis/Gout rtificial Heart Valve rtificial Joint sthma lood Disease lood Transfusion reathing Problem ruise Easily ancer hemotherapy	had, any Yes	of the No	e following? Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizure Excessive Bleeding Excessive Thirst Fainting Spells/Dizz Frequent Cough Frequent Diarrhea Frequent Headache Genital Herpes Glaucoma	Ye Y	S No	HighCholesterol Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Pain in Jaw Joints	Yes	No No No No No No No No No No No No No N	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disea Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis	Yes	No No No No No No No No No No		
Other If yes, please you have, or have you IDS/HIV Positive Izheimer's Disease naphylaxis nemia ngina rthritis/Gout rtificial Heart Valve rtificial Joint sthma lood Disease lood Transfusion reathing Problem ruise Easily ancer hemotherapy hest Pains	had, any Yes	of the No	e following? Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizure Excessive Bleeding Excessive Thirst Fainting Spells/Dizz Frequent Cough Frequent Diarrhea Frequent Headache Genital Herpes Glaucoma Hay Fever	Ye Y	S N.	HighCholesterol Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Pain in Jaw Joints Parathyroid Disease	Yes	No No No No No No No No No No No No No N	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disea Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths	Yes	No N		
Other If yes, please you have, or have you IDS/HIV Positive Izheimer's Disease naphylaxis nemia ngina rthritis/Gout rtificial Heart Valve rtificial Joint sthma lood Disease lood Transfusion reathing Problem ruise Easily ancer hemotherapy hest Pains old Sores/Fever Bliste	had, any Yes	of the No	e following? Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizure Excessive Bleeding Excessive Thirst Fainting Spells/Dizz Frequent Cough Frequent Diarrhea Frequent Headache Genital Herpes Glaucoma Hay Fever Heart Attack/Failure	Ye     Ye	S N.	HighCholesterol Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Pain in Jaw Joints Parathyroid Disease	Yes	No No No No No No No No No No No No No N	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disea Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers	Yes	No N		
Other If yes, please  you have, or have you  IDS/HIV Positive Izheimer's Disease Inaphylaxis Inemia Ingina Inthritis/Gout Intificial Heart Valve Intificial Joint Intificial Joint Intificial Joint Interest Pains Inter	had, any Yes	of the No	e following? Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizure Excessive Bleeding Excessive Thirst Fainting Spells/Dizz Frequent Cough Frequent Diarrhea Frequent Headache Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur	Ye     Ye	S N.	HighCholesterol Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Pain in Jaw Joints Parathyroid Disease Psychiatric Care Radiation Treatment	Yes	No No No No No No No No No No No No No N	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disea Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease	Yes	No No No No No No No No No No No No No N		
-1	had, any Yes	of the No	e following? Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizure Excessive Bleeding Excessive Thirst Fainting Spells/Dizz Frequent Cough Frequent Diarrhea Frequent Headache Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pace Maker	Ye Y	S N.	HighCholesterol Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Pain in Jaw Joints Parathyroid Disease Radiation Treatment	Yes	No N	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disea Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease Yellow Jaundice	Yes	No N		
Other If yes, please  you have, or have you  IDS/HIV Positive Izheimer's Disease naphylaxis nemia ngina rthritis/Gout rtificial Heart Valve rtificial Joint sthma lood Disease lood Transfusion reathing Problem ruise Easily ancer themotherapy thest Pains sold Sores/Fever Bliste longenital Heart Disord	had, any Yes	of the No	e following? Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizure Excessive Bleeding Excessive Thirst Fainting Spells/Dizz Frequent Cough Frequent Diarrhea Frequent Headache Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pace Maker Heart Trouble/Disea	Ye Y	S N.	HighCholesterol Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Pain in Jaw Joints Parathyroid Disease Radiation Treatment	Yes	No N	Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Disea Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease Yellow Jaundice	Yes	No N		

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

We require 48 hours (two business days) advance notice to cancel or change your appointment to avoid \$75 broken appointment fee per half hour of scheduled appointment time.

SIGNATURE OF PATIENT.	PARENT, or GUARDIAN	DATE	
SIGNATORE OF LATIENT,	I AILLINI, OI GOAILDIAIN	DAIL	