## **MEDICAL HISTORY**

PATIENT NAME		Birth Date		
	imarily treat the area in and ard may be taking, could have an i	•		
Have you ever been hospita  Have you ever had  Are you taking ar  Do you take, or have you	under a physician's care now? lized or had a major operation? a serious head or neck injury? by medications, pills, or drugs? bu taken, Phen-Fen or Redux? Are you on a special diet? Do you use tobacco? bu use controlled substances?	Yes No If yes, plea Yes No If yes, plea Yes No If yes, plea Yes No Yes No Yes No	se explain:	
Are you allergic to any of the Aspirin Penicil Other If yes, please ex	in Codeine	Acrylic Metal	Latex Local A	nesthetics
Do you have, or have you hat AIDS/HIV Positive AIzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy	d, 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 Bleeding  Excessive Thirst  Fainting Spells/Dizziness  Frequent Cough  Frequent Diarrhea	Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pace Maker Heart Trouble/Disease Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure Hives or Rash Hypoglycemia  Yes No If yes, please	Irregular Heartbeat  Kidney Problems  Leukemia  Liver Disease  Low Blood Pressure  Lung Disease  Mitral Valve Prolapse  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
	e, the questions on this form ha s) health. It is my responsibility			
SIGNATURE OF PATIENT.	PARENT, or GUARDIAN			DATE