Medical History

Have you been a patient in the hospital during the past two years?.....Y N
If yes, please explain_____
Are you currently under the care of a medical doctor?.....Y N
If yes, please explain_____
List any medications or supplements that you are currently taking_____
_____
List any allergies you may have_____
_____
Have you been told that you need to premedicate for dental treatment?.....Y N

Please circle any conditions which you currently experience or have previously experienced.

Alcohol or Drug Abuse	Diabetes	HIV/AIDS
Alzheimer's	Emphysema	Kidney Disease
Anemia	Epilepsy	Lupus
Arthritis	Eye Problem	Migraines
Artificial Heart Valve	Ear Problem	Osteoporosis
Artificial Joints	Fainting Spells	Psychiatric Treatment
Asthma	Heart Attack	Radiation Treatment
Birth Defect	Heart Disease	Rheumatic Fever
Bleeding Problem	Heart Murmur	Steroid Therapy
Cancer	Hepatitis	Stroke
Chemotherapy	Herpes	Thyroid Disorder
Congestive Heart Failure	High Blood Pressure	Tuberculosis
Depression	High Cholesterol	Ulcers

Other, please specify_____

Have you ever taken a bisphosphonate medication such as Fosamax, Boniva, Zometa, Bonefos or others? Y N
Do you smoke or chew tobacco?.....Y N
Are you on a special diet?.....Y N

Women: Are you pregnant? ……Y N
Do you anticipate becoming pregnant in the near future?.....Y N
Are you taking birth control medication?.....Y N

By signing below, I hereby certify that all information that I have furnished on this form is complete, true, and accurate to the best of my knowledge.

Patient/Guardian Signature_____

Print Name_____Date_____

For Office Use Only

Review Date_____Patient Initials_____ Review Date_____Patient Initials_____
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