## HEALTH HISTORY

Name			Date	-		
Date of last health care exam:		_What				
Have you been hospitalized in the last 5 ye	ears? (P	Please c	ircle) No	) Y	es	
If yes, reason:						
Are you currently receiving care? No	Yes	If	yes, nature of care:			
Please list all the names and phone number	rs of the	e nhvsi	cians who are currently providing you	care.		
1.			가게 되는 것이 없었다. 항상 등을 하면 되면 하는 것이 하는 것이 하는 것이 없는 것이 없는 것이 없어 없는 것이 없어 없다.	care.		
				-		
2				-		
4.				-		
For the following questions circle yes or r confidential. Please note that during you response. Our team may ask additional of	r initial	l visit y	ou will be asked some questions about	be t your		
Heart Murmur (mitral valve prolapse)	No	Yes	Psychosis	No	Yes	
Anemia	No	Yes	Sore/Enlarged Lymph Nodes	No	Yes	
Diabetes	No	Yes	Previous Biopsies	No	Yes	
Epilepsy	No	Yes	Slow-Healing Mouth Sores	No	Yes	
Hepatitis, Any Form	No	Yes	Other Infections	No	Yes	
Rheumatic Fever	No	Yes	Recurrent Illnesses	No	Yes	
Asthma	No	Yes	Joint Replacement		_	
HIV Positive or AIDS Related Complex	No	Yes	Glaucoma	No	Yes	
Emphysema or other Respiratory	No	A PRODUCTION OF THE PERSON NAMED IN	The state of the s	No	Yes	
Illnesses		Yes	Abnormal Bleeding from a cut	No	Yes	
Abnormal Heart Condition	No	Yes	Liver Disease (including Jaundice)	No	Yes	
Kidney Disease	No	Yes	Unintentional Weight Loss/Gain	No	Yes	
Heart (Surgery, Disease, Attack)	No	Yes	Latex Sensitivity	No	Yes	
Venereal Disease	No	Yes	H.I.V. Infection/AIDS	No	Yes	
Are you required to Pre-Medicate before dental treatment?  No Women: Are you pregnant?  If no, are you planning a pregnancy in the near future?  Are you a nursing mother?  Are you taking birth control pills?  No					Yes Yes Yes Yes	
Abnormal Blood Pressure? (Please circle)  If yes, what is it usually: S /D					Yes	
Are you allergic or have you had a reaction	n to:					
a. Local anesthetics			No			
		No Yes				
c. Aspirin					es	
e Other			No	Y	es	
Are you a smoker?						
If so, how much do you smoke pe	er day?					
Please list any medications you are current	ly takin	g:				
1.		_	2.	41.01.00.00		
3.			4.			
5.		- 10	6.			
Are you taking Tager of (Circuit II a)	3.7		70		553	
Are you taking Tagamet (Cimetidine)?	No	Ye	es If yes, how often?			
Do you take Antacids? No	Yes	If	yes, how often?			

-	m 1 1 m1									
Diet:	Restricted Diet									
	How many meals a day Food Allergies									
	Sugar in your diet: None		light	☐ Moderate	☐ Hig	ah				
	Sugar in your diet.		ngiit	□ Moderate	- In	gii				
DOCTOR'S USE ONLY Comments on patient interview concerning medical history:										
Signifi	cant findings from questionnaire or	oral inter	view:							
Dental	management considerations:									
manne you ha	rstand the above information is near. I have answered all questions to eve my permission to ask the respec- eation to you. I will notify the doctor	the best of tive health	of my kn h care pi	owledge. Should further i ovider or agency, who ma	information	be need				
Patien	(Print Name) Patient Signature L				Date					
Doolor	(Print Name)	Docto	r Signat							
Doctor	(1 run rune)	Docio	r Signati	ure 1	Date					
	IN	FORMA	TION U							
		FORMA	TION U		No No	Yes				
Have y	IN	FORMA	TION U	JPDATE		Yes				
Have y	IN ou had a change in your health since	FORMA e your las	TION U		No	Yes				
Have y Heart ( Heart 1 Joint R	ou had a change in your health since (Surgery, Disease, Attack) Murmur (mitral valve prolapse) Replacement	re your las	st visit?  Yes Yes Yes Yes	PDATE Hepatitis, Any Form	No No					
Have y Heart ( Heart 1 Joint R	IN you had a change in your health sinc (Surgery, Disease, Attack) Murmur (mitral valve prolapse)	re your las	st visit? Yes Yes	Hepatitis, Any Form Rheumatic Fever	No No No	Yes Yes				
Have y Heart ( Heart ) Joint R Taken	ou had a change in your health since (Surgery, Disease, Attack) Murmur (mitral valve prolapse) Replacement	No No No No	Yes Yes Yes Yes Yes Yes	Hepatitis, Any Form Rheumatic Fever H.I.V. Infection/AIDS	No No No	Yes Yes				
Have y Heart ( Heart 1 Joint R Taken Have y	rou had a change in your health since (Surgery, Disease, Attack) Murmur (mitral valve prolapse) Replacement Fen-phen or other diet pills	No No No No vour last d	Yes Yes Yes Yes Yes Yes	Hepatitis, Any Form Rheumatic Fever H.I.V. Infection/AIDS	No No No No	Yes Yes Yes				
Have y Heart ( Heart 1 Joint R Taken Have y Wome	(Surgery, Disease, Attack) Murmur (mitral valve prolapse) Replacement Fen-phen or other diet pills You had a visit to a physician since you had a visit to a ph	No No No No vour last d	Yes Yes Yes Yes Yes Yes ental vis	Hepatitis, Any Form Rheumatic Fever H.I.V. Infection/AIDS it? Are you a nursing mot	No No No No No No No No No	Yes Yes Yes Yes				
Have y Heart ( Heart 1 Joint R Taken Have y	You had a change in your health since (Surgery, Disease, Attack) (Murmur (mitral valve prolapse) (Replacement Fen-phen or other diet pills (You had a visit to a physician since your health) (You had a visit to a physician since your health) (You had a visit to a physician since your health)	No No No No vour last d	Yes Yes Yes Yes Yes Yes ental vis	Hepatitis, Any Form Rheumatic Fever H.I.V. Infection/AIDS	No No No No No No her? No	Yes Yes Yes Yes				
Have y Heart ( Heart 1 Joint R Taken Have y Wome	(Surgery, Disease, Attack) Murmur (mitral valve prolapse) Replacement Fen-phen or other diet pills You had a visit to a physician since you had a visit to a ph	No No No Our last des	Yes Yes Yes Yes Yes Yes ental vis	Hepatitis, Any Form Rheumatic Fever H.I.V. Infection/AIDS it?  Are you a nursing mot	No No No No No No No No	Yes Yes Yes Yes				
Heart (Heart I Joint R Taken Have y Wome	(Surgery, Disease, Attack) (Surgery, Disease, Attack) (Murmur (mitral valve prolapse) (Replacement (Fen-phen or other diet pills (You had a visit to a physician since you had a visit to a physicia	No No No No our last destroy taking:	Yes Yes Yes Yes Yes ental vis	Hepatitis, Any Form Rheumatic Fever H.I.V. Infection/AIDS  it?  Are you a nursing mot  3. 4.	No No No No No No No No	Yes Yes Yes Yes				
Heart (Heart I Joint R Taken Have y Wome	You had a change in your health sind (Surgery, Disease, Attack) Murmur (mitral valve prolapse) Replacement Fen-phen or other diet pills You had a visit to a physician since you had a visit to a ph	No No No No our last destroy taking:	Yes Yes Yes Yes Yes ental vis	Hepatitis, Any Form Rheumatic Fever H.I.V. Infection/AIDS  it?  Are you a nursing mot  3. 4.	No No No No No No No No	Yes Yes Yes Yes				
Heart (Heart I Joint R Taken Have y Wome Please	(Surgery, Disease, Attack) (Surgery, Disease, Attack) (Murmur (mitral valve prolapse) (Replacement (Fen-phen or other diet pills (You had a visit to a physician since you had a visit to a physicia	No No No No our last destroy taking:	Yes Yes Yes Yes Yes ental vis	Hepatitis, Any Form Rheumatic Fever H.I.V. Infection/AIDS  it?  Are you a nursing mot  3. 4.	No No No No No No No No	Yes Yes Yes Yes				
Have y Heart ( Heart 1 Joint R Taken Have y Wome	(Surgery, Disease, Attack) (Surgery, Disease, Attack) (Murmur (mitral valve prolapse) (Replacement (Fen-phen or other diet pills (You had a visit to a physician since you had a visit to a physicia	No No No No our last de Yes List	Yes Yes Yes Yes Yes Yes Sental vis	Hepatitis, Any Form Rheumatic Fever H.I.V. Infection/AIDS  it?  Are you a nursing mot  3. 4.	No No No No her? No	Yes Yes Yes Yes				
Have y Heart ( Heart 1 Joint R Taken Have y Wome Please Do you Notes:	/ou had a change in your health since (Surgery, Disease, Attack) Murmur (mitral valve prolapse) Replacement Fen-phen or other diet pills /ou had a visit to a physician since your: Are you pregnant? No Your standard and a visit any medications you are current 1. 2. In have any allergies? ? No Your standard and a visit was a physician since you are current 1. 2. In have any allergies? ? No Your standard and a visit was a physician since you are current 1. 2. In have any allergies? ? No Your standard and a visit was a physician since you are current 1. 2. In have any allergies? ? No Your standard and a visit was a physician since you are current 1. 2. In have any allergies? ? No Your standard and a visit was a physician since you are current 1. 2. In have any allergies? ? No Your standard and you	No No No No Our last destroy taking:	Yes Yes Yes Yes Yes Yes Sental vis	Hepatitis, Any Form Rheumatic Fever H.I.V. Infection/AIDS  it?  Are you a nursing mot  3. 4.  Date	No No No No her? No	Yes Yes Yes Yes				
Have y Heart (Heart ) Joint R Taken Have y Wome Please Do you Notes:	(Surgery, Disease, Attack) Murmur (mitral valve prolapse) Replacement Fen-phen or other diet pills You had a visit to a physician since you. Are you pregnant?  No You have any allergies??  No You have any allergies??  No You have any allergies??	No No No No Our last destroy taking:	Yes Yes Yes Yes Yes Yes Sental vis	Hepatitis, Any Form Rheumatic Fever H.I.V. Infection/AIDS  it?  Are you a nursing mot  3. 4.  Date	No No No No No her? No	Yes Yes Yes Yes				