



**WELCOME TO OUR OFFICE**  
 Thank you for taking the time  
 to give us the following  
 confidential information.

YES NO

- Have you seen a physician or had a physical examination within 5 years?  
 General Health:  Excellent  Good  Fair  Poor
- Have you ever been told to pre-medicate with antibiotics due to a medical condition other than infection prior to dental treatment? If yes what antibiotics do you use? \_\_\_\_\_
- Are you allergic or have you had adverse reactions to Novocaine, Penicillin, Codeine or other medication(s)? If yes, what medication(s)? \_\_\_\_\_
- Have you ever taken any diet pills such as Fen-Phen/Redux? \_\_\_\_\_
- Do you have any sensitivity to medication(s)? If yes, what medication(s)? \_\_\_\_\_
- Have you had an unfavorable reaction following dental treatment? \_\_\_\_\_
- Have you had excessive bleeding requiring special treatment? \_\_\_\_\_
- Are you taking or scheduled to begin taking either of the medications, alendronate (Fosamax®) or risdrionate (Actonel®) for osteoporosis or Paget's disease?
- Since 2001, were you treated or are you presently scheduled to begin treatment with the intravenous bisphosphonates (Aredia® or Zometa®) for bone pain, hypercalcemia or skeletal complications resulting from Paget's disease, multiple myeloma or metastatic cancer? Date treatment began: \_\_\_\_\_
- Do you use controlled substances (drugs)? \_\_\_\_\_
- Do you have any of the following diseases or problems:  
 Active Tuberculosis  Persistent cough greater than a 3 week duration  
 Cough that produces blood  Been exposed to anyone with tuberculosis
- Female patients. Are you pregnant? If yes, which month? \_\_\_\_\_

**Please check if you have any of the following illnesses or conditions:**

- Stroke  Heart Trouble  High Blood Pressure  Rheumatic Fever  Heart Murmur
  - Asthma  Tuberculosis  Venereal Disease  Jaundice  Kidney Trouble  Diabetes
  - Epilepsy  Nervous Disorders  Herpes I or II  AIDS  Cancer  Artificial Joints
  - Hepatitis  Artificial (Prosthetic) Heart Valve  Previous Infective Endocarditis
  - Damaged Valves in Transplanted Heart  HIV
  - Congenital Heart Disease (CHD) -  Unrepaired, Cyanotic CHD -  Repaired (Completely) in Last 6 Months -  Repaired CHD with Residual Defects
- Any other serious illnesses? \_\_\_\_\_

**Please list ALL medications you are taking:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Patient/Parent Signature Date

**OFFICE USE ONLY**

B.P.: \_\_\_\_\_

\_\_\_\_\_  
 Doctor's Signature Date

Health History Update: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature Date