

REGISTRATION AND HEALTH HISTORY-----

Date: _____ Gender: Male Female Date of Birth: _____

Patient Name: (First) _____ (MI) _____ (Last) _____

Family Status: Married Single Child Other

Phone: (H) _____ (C) _____ (O) _____

Address: _____ City: _____ State: _____

Email: _____

MEDICAL HISTORY -----

Name of Medical Doctor/Clinic: _____

Date of Last Physical Exam: _____

AIDS/HIV Yes No **Arthritis** Yes No **Asthma** Yes No

Epilepsy Yes No **Heart Problems** Yes No

Detail Heart Problems: Heart Murmur Excessive Bleeding Other Heart Attack

If heart attack, Date: _____ **Other Heart Issues:** _____

Blood Pressure: High Low No **Sinus Problems** Yes No

Anemia Yes No **Kidney Problems** Yes No

Stroke Yes No If yes, Date: _____ **Tuberculosis** Yes No

Rheumatic Fever Yes No **Jaundice** Yes No

Cancer Yes No If yes, Type: _____ Diagnosis Date _____

Hepatitis Yes No If yes, Type: _____

Seizures Yes No If yes, Last Date: _____

Diabetes Yes No If yes, Type: _____

MORE ON BACK (Please turn to back page)

MEDICAL HISTORY (Continued)-----

Substance Abuse Yes No Describe: _____

Behavioral & Mental Health Yes No

Other Diseases, Describe Condition _____

Has your medical doctor advised you to take an antibiotic or PREMED prior to dental work (i.e. joint replacement, heart valve replacement, murmurs)? Yes No

Joint Replacement Yes No

if yes, what joint & when was surgery: _____

Allergies (ex. metals or latex) Yes No Describe Allergy: _____

Allergies to medicines or drugs, including antibiotics? Yes No

If yes, List medicines: _____

Are you taking a blood thinner Yes No If yes, what: _____

Do you use Tobacco Yes No If yes, type: _____

Pacemaker Yes No If yes, placement date: _____

Sleep Apnea Appliance Yes No If yes, type: _____

Pregnant Yes No Due Date: _____

Birth Control Yes No If yes, which one: _____

Please list all medications (or provide us with your medication list):

I authorize the FOLLOWING for my MINOR child:

Fluoride Yes No X-rays Yes No Nitrous Yes No

Emergency Contact: _____ Relationship: _____

Phone Number: _____