Medical History

ment you may receive. Cert receive. Please answer the		: 19 10 16 16 16 16 16 16 16 16 16 16 16 16 16		e dentistry you may
Are you under a physician's	care now? ☐ Yes ☐	No If yes, please expla	ain:	
Have you ever been hospitalized or had a major operation? ☐ Yes ☐ No If yes, please explain:				
Have you ever had a seriou Have you ever taken, Phen- Are you on a special diet? Do you use tobacco? Do you use controlled subs Please list any medications,	Fen, Redux, Fosamax? Yes No If yes, Yes No tances? Yes No	☐ Yes ☐ No please explain: If yes, please explain:		
		[HATEL SEE MINE MODIFIED AND MINE SEE SEE	그렇게 어린이 아이지를 하고 싶습니다면서 아이지 않아요?	
□ AIDS/HIV Positive □ Alzheimer's Disease □ Anaphylaxis □ Anemia □ Angina □ Arthritis / Gout □ Artificial Heart Valve □ Artificial Joint □ Asthma □ Blood Disease □ Blood Transfusion □ Breathing Problems □ Bruise easily □ Cancer □ Chemotherapy	☐ Cortisone Medicine ☐ Diabetes ☐ Drug Addiction ☐ Easily Winded ☐ Emphysema ☐ Epilepy or Siezures ☐ Excessive Bleeding ☐ Excessive Thirst ☐ Fainting Spells / Dizziness ☐ Frequent Cough ☐ Frequent Diarrhea ☐ Frequent Headaches ☐ Genital Herpes ☐ Glaucoma ☐ Hay Fever	☐ Hemophilia ☐ Hepatitis A,B, or C ☐ Headaches ☐ Herpes ☐ High Blood Pressure ☐ Hives or Rash ☐ Hypoglycemia ☐ Irregular Heartbeat S ☐ Kidney Problems ☐ Leukemia ☐ Liver Disease ☐ Low Blood Pressure ☐ Lung Disease ☐ Mitral Valve Problems ☐ Pain in Jaw Joints	☐ Renal Dialysis ☐ Rheumatic Fever ☐ Rheumatism ☐ Scarlet Fever ☐ Shingles ☐ Sickle Cell Disease ☐ Sinus Trouble ☐ Spina Bifida ☐ Stomach Disease ☐ Intestinal Disease ☐ Stroke ☐ Swelling of Limbs ☐ Thyroid Disease ☐ Tonsilitis ☐ Tuberculosis	Other Serious Illness Please Explain:
Chest Pains Cold Sores/Fever Blisters Congenital Heart Disease Convulsions	☐ Heart Attack / Failure☐ Heart Murmur	□ Parathyroid Disease □ Psychiatric Care □ Radiation Treatments □ Recent Weight Loss	☐ Tumors or Growths ☐ Ulcers ☐ Venereal Disease ☐ Yellow Jaundice	
can be dangerous to my (or	mation is correct to the bes r my patient's) health I will n I have made in completion	ot hold my Dentist or an	y members of his/her De	ental Team responsible
	y Signature: X			<u> </u>