## **Website Patient Medical History**

Please answer all questions. Answers to the following questions are for our records only and will be considered confidential.

Are you in good health?		No
Height Weight		
Has there been any change in your general health?	Yes	No
Your last physical examination was on		
Are you now under the care of a physician?	Yes	No
Name and address of your physician		
Have you ever had a serious illness or operation?	Yes	 No
Have you been hospitalized with any of the following within the last 5 years?		
Did you have a persistent cough or cough up blood?	Yes	No
<ul> <li>Low/High blood pressure(circle one)</li> </ul>	Yes	No
Venereal Disease	Yes	No
<ul><li>AIDS or HIV+</li><li>Other</li></ul>	Yes	No 
Have you had abnormal bleeding associated with previous extractions, surgery, or trauma?	Yes	No
Do you bruise easily?	Yes	No
Have you ever required a blood transfusion	Yes	No
If yes, explain the circumstances		
Do you have any blood disorder such as anemia?	Yes	No
Have you had surgery or x-ray treatment for a tumor, growth or other condition of your mouth	or lips? Yes	No
Medications		
Are you taking any drug or medication?		
If yes, what?		
Are you taking any of the following?		
Antibiotics or sulfa drugs	Yes	No
<ul> <li>Anticoagulants (blood thinners such as Coumadin, Plavix etc)</li> </ul>	Yes	No
Medicine for high blood pressure	Yes	No
Cortisone (steroids)	Yes	No
Tranquilizers	Yes	No

A Aspirin Yes No Insulin, Tolbutamide (Orinase) or similar drug Digitalis or drugs for heart trouble Pern-Phen (now or in the past) or related drug such as Ionimin, Adipex, Phentermine, Fastin, Pondimin (Fenfluramine), and Redux (dexfenfluramine) Pern-Phen (now or in the past) or related drug such as Ionimin, Adipex, Phentermine, Fastin, Pondimin (Fenfluramine), and Redux (dexfenfluramine) Pern-Phen (now or in the past) or related drug such as Ionimin, Adipex, Phentermine, Fastin, Pondimin (Fenfluramine), and Redux (dexfenfluramine) Pern-Phen (now or in the past) or related drug such as Ionimin, Adipex, Phentermine, Fastin, Pondimin (Fenfluramine), and Redux (dexfenfluramine) Pern-Phen (now or in the past) or related drug such as Ionimin, Adipex, Phentermine, Fastin, Pondimin (Fenfluramine), and Redux (dexfenfluramine) Pern-Phen (now or in the past) or related drug such as Ionimin, Adipex, Pern-Phen (now or in the past) or related drug such as Ionimin, Adipex, Pern-Phen (now or in the past) or related drug such as Ionimin, Adipex, Pern-Phen (now or in the past) or related drug such as Ionimin, Adipex, Pern-Phen (now or in the past) or set of the Phentermine, Individual such as India such			
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Fen-Phen (now or in the past) or related drug such as Ionimin, Adipex, Phentermine, Fastin, Pondimin (Fenfluramine), and Redux (dexfenfluramine) Person No If yes, what are you using? Chemotherapy Drugs Osteoporosis Drugs (Fosamax, Aredia, Zometa etc.) Any natural product, herbal supplement or homeopathic remedy? Other  Habits  Do you smoke? Yes No Tif yes, how much? If yes, how much?  Do you drink alcoholic beverages? Person No Do you take any recreational drugs?  No Do you have any of the following?  Cardiac pacemaker Yes No Implants/Artificial prosthesis (Knee joints, elbow pins etc) Poyou have, or have you had, any of the following diseases or problems?  Removable dental appliance Poyou have, or have you had, any of the following diseases or problems? Removable dental appliance Poyou have, or have you had, any of the following diseases or problems? Cardiovascular disease (heart trouble, heart attack, coronary occlusion, high blood pressure, arter/fosclerosis, stroke) Poyou shave short of breath after mild exercise? Poyou est short of breath after mild exercise? Poyou get short of breath when you lie down or do you require extra pillows when you sleep? Poyou shave no happlessore Poyou shave, or have you had, any of the following disease (heart trouble, heart attack, coronary occlusion, high blood pressure, arter/fosclerosis, stroke) Poyou get short of breath after mild exercise? Poyou get short of breath when you lie down or do you require extra pillows when you sleep? Potroke Possure short of breath when you lie down or do you require extra pillows when you sleep? Potroke Possure short of breath when you lie down or do you require extra pillows when you sleep? Potroke Possure short of breath when you lie down or do you require extra pillows when you sleep? Potroke Possure short of breath when you lie down or do you require extra pillows when you sleep? Potroke Yes No Potroke	Digitalis or drugs for heart trouble	Yes	No
Phentermine, Fastin, Pondimin (Fenfluramine), and Redux (dexfenfluramine) Oral Contraceptives If yes, what are you using? Chemotherapy Drugs Other Osteoporosis Drugs (Fosamax, Aredia, Zometa etc.) Any natural product, herbal supplement or homeopathic remedy? Other Other  Habits  Do you smoke? If yes, how much?  Do you drink alcoholic beverages? Ves No  Do you take any recreational drugs? Ves No  Do you take any recreational drugs?  Cardiac pacemaker  Cardiac pacemaker  Aremovable dental appliance  Rheumatic fever or rheumatic heart disease Heart Murmur or mitral valve prolapse Cardiovascular disease (heart trouble, heart attack, coronary occlusion, high blood pressure, arteriosclerosis, stroke) Do you ges short of breath after mild exercise? Do you ges phone prove the past the property of the pool of prove the past in the chest upon exertion?  Are you ever short of breath after mild exercise? Do you poy by short of breath after mild exercise? Do you ges short of breath when you lie down or do you require extra pillows when you sleep?  Heaptitis, jaundice, or liver disease Pes No Pes N	Nitroglycerin	Yes	No
Figure 1 Contraceptives If yes, what are you using?  Chemotherapy Drugs Costeoporosis Drugs (Fosamax, Aredia, Zometa etc.) Any natural product, herbal supplement or homeopathic remedy? Any natural product, herbal supplement or homeopathic remedy? Any natural product, herbal supplement or homeopathic remedy?  Other  Habits  Do you smoke? Yes No If yes, how much?  Do you drink alcoholic beverages? Any of the following?  Cardiac pacemaker Yes No  Do you have any of the following?  Cardiac pacemaker Yes No Implants/Artificial prosthesis (Knee joints, elbow pins etc) A removable dental appliance Yes No  Do you have, or have you had, any of the following diseases or problems?  Rheumatic fever or rheumatic heart disease Rear Murmur or mitral valve prolapse Rheumatic fever or meumatic heart disease Pes No Cardiovascular disease (heart trouble, heart attack, coronary occlusion, high blood pressure, arteriosclerosis, stroke) Do you have pou have pain in the chest upon exertion? Po you get short of breath after mild exercise? Po you get short of breath when you lie down or do you require extra pillows When you sleep? Res No Heart Murmur or mitral valve prolapse Po you get short of breath after mild exercise? Po you get short of breath when you lie down or do you require extra pillows When you sleep? Res No Heart Murmur or disease Pes No Heart Murmur or disease Pes No Are you ever short of breath when you lie down or do you require extra pillows When you sleep? Pes No Heart Murmur or disease Pes No Heart M	<ul> <li>Fen-Phen (now or in the past) or related drug such as Ionimin, Adipex,</li> </ul>		
If yes, what are you using? Chemotherapy Drugs Osteoporosis Drugs (Fosamax, Aredia, Zometa etc.) Any natural product, herbal supplement or homeopathic remedy? Other  Habits  Do you smoke? If yes, how much?  Do you drink alcoholic beverages? Yes No Do you take any recreational drugs?  Po you have any of the following?  Cardiac pacemaker Yes No Implants/Artificial prosthesis (Knee joints, elbow pins etc) Yes No  Obyou have, or have you had, any of the following diseases or problems?  Rheumatic fever or rheumatic heart disease Rheumatic fever or rheumatic heart disease Congenital heart lesions Cardiovascular disease (heart trouble, heart attack, coronary occlusion, high blood pressure, arteriosclerosis, stroke) Do you have post short of breath after mild exercise? Do you geep short of breath henry ou lie down or do you require extra pillows when you sleep? Heart Murmur or fibred when you lie down or do you require extra pillows when you sleep? Heart Murmur or breath after mild exercise? Heart Murmur or breath after mild exercise? Heart Murmur or breath after mild exercise? Heart Murmur or hitral walve prolapse Heart Murmur or mitral walve prolapse Heart Mur	Phentermine, Fastin, Pondimin (Fenfluramine), and Redux (dexfenfluramine)	Yes	No
Chemotherapy Drugs (Fosamax, Aredia, Zometa etc.) Osteoporosis Drugs (Fosamax, Aredia, Zometa etc.) Any natural product, herbal supplement or homeopathic remedy? Other  Habits  Do you smoke? If yes, how much?  Do you drink alcoholic beverages? Ves No Do you take any recreational drugs?  Do you take any recreational drugs?  Cardiac pacemaker Ves No Implants/Artificial prosthesis (Knee joints, elbow pins etc)  A removable dental appliance  Poo you have, or have you had, any of the following diseases or problems?  Bheumatic fever or rheumatic heart disease Heart Murmur or mitral valve prolapse Heart Murmur or mitral valve prolapse Cardiovascular disease (heart trouble, heart attack, coronary occlusion, high blood pressure, arteriosclerosis, stroke) Poo you have pain in the chest upon exertion? Poo you get short of breath after mild exercise? Poo you get short of breath when you lie down or do you require extra pillows when you sleep? Poo Hepatitis, jaundice, or liver disease Poo No Compulsions/epilepsy Poo Heyes No Stroke Poo Hives or skin rash Poo Hives or skin rash Poo No Fainting spells or seizures Poo Diabetes Poo Diabetes Poo No Poes Poo No Poes Poo Diabetes Poo No Poes Poo Diabetes Poo No Poes Poor No Poor No Poes	Oral Contraceptives	Yes	No
Osteoporosis Drugs (Fosamax, Aredia, Zometa etc.) Any natural product, herbal supplement or homeopathic remedy? Other  Habits  Do you smoke? If yes, how much?  Do you drink alcoholic beverages? Yes No Do you take any recreational drugs?  Poyou have any of the following?  Cardiac pacemaker Ves No Implants/Artificial prosthesis (Knee joints, elbow pins etc) Yes No  A removable dental appliance Yes No  Do you have, or have you had, any of the following diseases or problems?  Rheumatic fever or rheumatic heart disease Ne Heart Murmur or mitral valve prolapse No Congenital heart lesions Cardiovascular disease (heart trouble, heart attack, coronary occlusion, high blood pressure, arteriosclerosis, stroke) Do you have pain in the chest upon exertion? Are you ever short of breath after mild exercise? Do you get short of breath when you lie down or do you require extra pillows when you sleep? Yes No O Conquisions/epilepsy No O Convulsions/epilepsy No O Stroke Pes No Asthma or hay fever Pes No Fainting spells or seizures No Pes No Pes No Pilos Stroke Pes No Fainting spells or seizures No Pes No	If yes, what are you using?		
Path Any natural product, herbal supplement or homeopathic remedy? Yes No Other Oth	Chemotherapy Drugs	Yes	No
Habits  Do you smoke? Yes No If yes, how much?	Osteoporosis Drugs (Fosamax, Aredia, Zometa etc.)	Yes	No
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Do you smoke? Yes No  If yes, how much?	• Other		
Do you smoke? Yes No  If yes, how much?			
If yes, how much?	Habits		
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Do you drink alcoholic beverages?  Pes No  Do you take any recreational drugs?  Cardiac pacemaker  Yes No  Implants/Artificial prosthesis (Knee joints, elbow pins etc)  A removable dental appliance  Pes No  Do you have, or have you had, any of the following diseases or problems?  Rheumatic fever or rheumatic heart disease  No  Congenital heart lesions  Cardiovascular disease (heart trouble, heart attack, coronary occlusion, high blood pressure, arteriosclerosis, stroke)  Do you bay a very ou get short of breath when you lie down or do you require extra pillows  when you sleep?  Yes No  Asthma or hay fever  Pes No  Asthma or hay fever  Pes No  Pilves or skin rash  Pes No  Pes No	If you have much?		
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<ul> <li>Cardiovascular disease (heart trouble, heart attack, coronary occlusion, high blood pressure, arteriosclerosis, stroke)</li> <li>■ Do you have pain in the chest upon exertion?</li> <li>■ Are you ever short of breath after mild exercise?</li> <li>■ Do you get short of breath when you lie down or do you require extra pillows when you sleep?</li> <li>○ Hepatitis, jaundice, or liver disease</li> <li>○ Convulsions/epilepsy</li> <li>○ Stroke</li> <li>○ Asthma or hay fever</li> <li>○ Hives or skin rash</li> <li>○ Fainting spells or seizures</li> <li>○ Diabetes</li> </ul>		Yes	No
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when you sleep?  Hepatitis, jaundice, or liver disease  Convulsions/epilepsy  Stroke  Asthma or hay fever  Hives or skin rash  Fainting spells or seizures  Diabetes  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No	Are you ever short of breath after mild exercise?	Yes	No
when you sleep?  Hepatitis, jaundice, or liver disease  Convulsions/epilepsy  Stroke  Asthma or hay fever  Hives or skin rash  Fainting spells or seizures  Diabetes  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No	·		
<ul> <li>Hepatitis, jaundice, or liver disease</li> <li>Convulsions/epilepsy</li> <li>Stroke</li> <li>Asthma or hay fever</li> <li>Hives or skin rash</li> <li>Fainting spells or seizures</li> <li>Diabetes</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ul>		Yes	No
<ul> <li>Convulsions/epilepsy</li> <li>Stroke</li> <li>Asthma or hay fever</li> <li>Hives or skin rash</li> <li>Fainting spells or seizures</li> <li>Diabetes</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ul>	·	Yes	No
<ul> <li>Stroke</li> <li>Asthma or hay fever</li> <li>Hives or skin rash</li> <li>Fainting spells or seizures</li> <li>Diabetes</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ul>		Yes	No
<ul> <li>Asthma or hay fever</li> <li>Hives or skin rash</li> <li>Fainting spells or seizures</li> <li>Diabetes</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ul>			
<ul> <li>Hives or skin rash</li> <li>Fainting spells or seizures</li> <li>Diabetes</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ul>			
<ul> <li>Fainting spells or seizures</li> <li>Diabetes</li> <li>Yes</li> <li>No</li> </ul>	·		
o Diabetes Yes No			

	Are you thirsty much of the time?	Yes	No
	Does your mouth frequently become dry?	Yes	No
0	Arthritis	Yes	No
0	Inflammatory rheumatism (painful, swollen joints)	Yes	No
0	Stomach ulcers	Yes	No
0	Kidney trouble	Yes	No
0	Tuberculosis	Yes	No
0	Are you immunosuppressed? Possibly from transplant surgery	Yes	No
0	A tumor or growth	Yes	No
0	Radiation therapy or chemotherapy	Yes	No
0	Thyroid trouble	Yes	No
0	Bleeding tendency /abnormal bleeding	Yes	No
ALLER	GY		
Are yo	u allergic or have you reacted adversely to:		
•	Local anesthetic	Yes	No
•	Penicillin or other antibiotics (such as amoxicillin, clindamycin, erythromycin, Keflex etc)	Yes	No
•	Barbiturates, sedatives, or sleeping pills	Yes	No
•	Sulfa Drugs	Yes	No
•	Codeine	Yes	No
•	Valium or other tranquilizer	Yes	No
•	Aspirin	Yes	No
•	Iodine	Yes	No
•	Latex	Yes	No
•	Other		
Have y	ou had any serious trouble associated with previous dental treatment?		
	If yes, explain		<del></del>
For W	omen Only		
Are yo	u pregnant or could you be?		
	If yes, when are you due?		
Aro vo	u nursing?	Yes	No
Are yo			

I certify to the best of my knowledge that the above information is correct and that if there are any changes in the above, I agree to notify my surgeon before my next visit.

## **Patient/Guardian Signature**

## **Doctor Signature**