MEDICAL HISTORY

Name of Physical avaination	Patient Name			Nickname A				
What is your estimate of your general health? Excellent Good Fair Poor Do YOU HAVE or HAVE YOU EVER HAD:								
What is your estimate of your general health? Excellent Good Fair Poor Do YOU HAVE or HAVE YOU EVER HAD:	Most recent physical examination Purpose							
1. hospitalization for illness or injury	W	hat is your estimate of your general health?	xcelle	nt (JGo	od □Fair □Poor		
1. hospitalization for illness or injury	DO	O YOU HAVE OF HAVE YOU EVER HAD:	YFS	NO			YFS	NO
2. an allergic reaction to	_				27	arthritis	_	
a spirin, libsprofer, acetaminophen, codeine (i.e. meumatoid arrhritis, lupus, seleroderma) placorma p		an allergic reaction to				autoimmuna disease	_	
perplicition 29, glaucoma	۷.		U	U	20.		_ ∪	
entropycline 30. contact lenses 0 0 0 0 0 0 0 0 0					20	· · · · · · · · · · · · · · · · · · ·		
Sulfa Sulfa		•			2J.	contact lenses	_	
Scalar laresthetic State		☐ tetracycline				head or neck injuries	_	
South a resurved		□ sulfa				enilensy convulsions (seizures)	_	\mathcal{C}
Start problems, or cardiac stent within the last six months 35. any lumps or swelling in the mouth 36. hives, skin rash, hay fever 37. STI / STD / HPV 38. hard problems, or cardiac stent within the last six months 38. hepatitis (type) 39. HIV / AIDS 39. HIV /								\mathcal{C}
altack 35. arylumps or swelling in the mouth						viral infections and cold sores	_	\mathcal{C}
other 36. hives, skin rash, hay kever						any lumps or swelling in the mouth	_	\mathcal{C}
3. heart problems, or cardiac stent within the last six months 37. STI /FIV		_ :::						\mathcal{C}
4. history of infective endocarditis 38. hepatitis (type 0 0 0 0 0 0 0 0 0	2				30. 37	STI / STD / HDV	_	\mathcal{C}
5. artificial heart valve, repaired heart defect (PFO)		· · · · · · —		_	37. 38	henatitis (tyne	_	\mathcal{C}
6. pacemaker or implantable defibrillator 40. tumor, abnormal growth or orthopedic implant (joint replacement) 41. radiation therapy or diation therapy or diation therapy					30.	HIV / AIDS	_	\mathcal{C}
7. orthopedic implant (Joint replacement)					رد ۸۸	tumor abnormal growth	_	
8. hewmatic or scarlet fever					40. //1	radiation therapy	_	\mathcal{C}
9. high or low blood pressure								
10. a stroke (taking blood thinners)			_					\mathcal{C}
11. anemia or other blood disorder		a ctrole (taking blood thinner)			43. 44	nsychiatric treatment	_ H	\mathcal{C}
12. prolonged bleeding due to a slight cut (INR > 3.5)			_		45.	antidenressant medication	_ H	\mathcal{C}
13. emphysema, shortness of breath, sarcoidosis					46	alcohol / recreational drug use	_	\mathcal{C}
14. tuberculosis, measles, chicken pox								U
15. asthma			_	_				
16. breathing or sleep problems (i.e. sleep apnea, snoring, sinus) (i.e. fever, chills, new cough, or diarrhea) 17. kidney disease 49. taking medication for weight management 18. liver disease 50. taking dietary supplements							_ U	U
17. kidney disease					40.			
18. liver disease			_		40			
19. jaundice								
20. thyroid, parathyroid disease, or calcium deficiency 52. experiencing frequent headaches 61. hormone deficiency 53. a smoker, smoked previously or use smokeless tobacco 62. high cholesterol or taking statin drugs 54. considered a touchy / sensitive person 62. diabetes (HbA1c = 65. often unhappy or depressed 62. diabetes (HbA1c = 65. taking birth control pills 62. digestive disorders (i.e. celiac disease, gastric reflux) 63. currently pregnant 64. stomach or duodenal ulcer 65. taking birth control pills 64. stomach or duodenal ulcer 65. digestive disorders (i.e. celiac disease, gastric reflux) 65. urrently pregnant 66. osteoporosis/osteopenia (i.e. taking bisphosphonates) 65. prostate disorders 66. prostate disorders 67. prostate disorders					50. 51	often exhausted or fatigued	_	
21. hormone deficiency								
22. high cholesterol or taking statin drugs				_				
23. diabetes (HbA1c=)	22.	high cholesterol or taking statin drugs						
24. stomach or duodenal ulcer								\mathcal{C}
25. digestive disorders (i.e. celiac disease, gastric reflux) 57. currently pregnant	24	stomach or duodenal ulcer	\sim	$\ddot{\Box}$				
26. osteoporosis/osteopenia (i.e. taking bisphosphonates)	25	digestive disorders (i.e. celiac disease gastric reflux)	\sim	$\tilde{\Box}$				
Describe any current medical treatment, impending surgery, genetic/development delay, or other treatment that may possibly affect your dental treatment. (i.e. Botox, Collagen Injections) List all medications, supplements, and or vitamins taken within the last two years. Drug Purpose Drug Purpose PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING. Patient's Signature								
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PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING. Patient's Signature Date	_	Drug Purpose			_	Drug Purpose		
PLEASE ADVISE US IN THE FUTURE OF ANY CHANGE IN YOUR MEDICAL HISTORY OR ANY MEDICATIONS YOU MAY BE TAKING. Patient's Signature Date								
	— Р							
	Pa	tient's Signature				Date		
	Doctor's Signature							

ASA _____ (1-6)