

Health History

Primary Physician's Name _____

Have you had a serious illness or operation or have been hospitalized in the last 5 years? Y / N

If yes, please describe: _____

Are you currently taking any blood thinner? Y / N _____

Please check those conditions that have applied to you:

Dry mouth	Fever blisters	Thyroid/Hormonal
High blood pressure	Hypoglycemia	Digestive issues
Low blood pressure	Smoke/Tobacco	Migraine/Headaches
Respiratory/Asthma	Shortness of breath	Epilepsy/Seizures
Psychiatric care	Pacemaker	Heart attack/Stroke
Heart Disease	Heart murmur/defect	Systematic lupus
Prosthetic implant	Arthritis	TMJ
Any transplant	Joint Replacement	Venereal Disease
Rheumatic fever	Cancer	Glaucoma
Immunocompromised	Radiation/Chemo	Infectious diseases
Anemia/Bleeding	Tuberculosis	Pregnant/Nursing
Diabetes/Kidney	HIV/AIDS	Other: _____

Premedication:

Do you take a premedication antibiotic due to a heart condition, joint replacement, or any health condition? Please list type of antibiotic and what condition:

List below ALL prescriptions or over the counter medications you are currently taking

Allergies Please circle and list if not shown below:

Latex	Penicillin				
Narcotics	Sulfa				

To the best of my knowledge, all the preceding answers and information provided are true and correct. If I ever have any changes in my health, I will inform the Doctor at the next appointment without fail.

Signature of patient, parent, or guardian _____

Date _____