Medical History Continued...

	YES	NO
Are you allergic to or have you had reactions to:		
1. Local anesthetics like novocaine?	❒	❒
2. Penicillin or other antibiotics?	❒	❒
3. Sulfa drugs?	❒	❒
4. Barbiturates, sedatives or sleeping pills?	❒	❒
5. Aspirin?	❒	❒
6. Iodine?	❒	❒
7. Other? _____	❒	❒
Do you have or have you ever had the following:		
1. Rheumatic heart disease or rheumatic fever?	❒	❒
2. Scarlet fever?	❒	❒
3. Heart defect or heart murmur?	❒	❒
4. Heart trouble, heart attack, or angina?	❒	❒
a. Do you have pain in your chest upon exertion?	❒	❒
b. Are you ever short of breath after mild exercise?	❒	❒
c. Do your ankles swell?	❒	❒
d. Do you get short of breath when you lie down?	❒	❒
e. Do you require extra pillows when you sleep?	❒	❒
5. Pacemaker?	❒	❒
6. Heart surgery?	❒	❒
7. High blood pressure?	❒	❒
8. Low blood pressure?	❒	❒
9. Hepatitis, jaundice or liver disease?	❒	❒
10. Stroke?	❒	❒
11. Sinus trouble?	❒	❒
12. Lung or breathing problems?	❒	❒
13. Asthma or hay fever?	❒	❒
14. Hives or skin rash?	❒	❒
15. Fainting spells or seizures?	❒	❒
16. Diabetes?	❒	❒
17. AIDS or HIV infection?	❒	❒
18. Thyroid problems?	❒	❒
19. Allergies?	❒	❒
20. Arthritis or rheumatism?	❒	❒
21. Joint replacement or implant?	❒	❒
22. Stomach ulcer?	❒	❒
23. Kidney trouble?	❒	❒
24. Tuberculosis?	❒	❒
25. Persistent cough?	❒	❒
26. Cough that produces blood?	❒	❒
27. Cancer?	❒	❒
28. Sexually transmitted disease?	❒	❒
29. Epilepsy?	❒	❒
30. Anemia?	❒	❒
31. Leukemia?	❒	❒
32. Glaucoma?	❒	❒

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

_____ _____

SIGNATURE OF PATIENT, PARENT, or GUARDIAN DATE

For Completion By The Dentist:

SUMMARY OF DENTAL HISTORY

_____

_____

_____

_____

SUMMARY OF MEDICAL HISTORY

_____

_____

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MEDICAL HISTORY UPDATE:

DATE	COMMENTS	INITIALS: PATIENT	DENTIST	HYGIENIST