

PATIENT MEDICAL HISTORY

Physician _____ Office Phone _____

Date of last exam _____ Yes No

1. Are you currently under the care of a physician or been hospitalized in the last 5 years?-----

Explain: _____

2. Have you ever had prolonged bleeding from an injury of tooth extraction?-----

3. Are you taking any drugs, medications or vitamins at this time?-----

Please list below or provide a list or let us copy your current medication list

4. Are you allergic to any drugs, medications, latex or metals? (List) _____

5. Have you taken or are you currently taking Fosamax, Boniva, Actonel or other biophosphates?-----

When: _____ For how long: _____

6. Women only: Yes No

Are your Pregnant/Possibly Pregnant?

Are you Nursing?

7. Do you have any of the following conditions?

Yes No

Heart Disease/Trouble

Artificial Heart Valve

Cardiac Pacemaker

Rheumatic Fever

High Blood Pressure

Stroke

Diabetes

Yes No

Kidney Disease

Tuberculosis

Herpes

AIDS or HIV Infection

Joint Replacement or Implant

Asthma/Emphysema

Glaucoma

Yes No

Stomach Trouble/Ulcers

TMJ Disorder

Thyroid Problem

Radiation Therapy

Sinus Problems

Respiratory Problems

Arthritis

8. Do you have any Disease, Condition or Problem not listed above? _____

SIGNATURE _____ **Date** _____