

CONDITION	NO √	PAST √	NOW √	MEDICATIONS	COMMENTS	UPDATE Office Use
Congenital heart problems						
Heart valve problems						
Heart murmur						
Enlarged heart						
Rheumatic fever						
Joint replacement						
Heart problem/surgery						
Pacemaker						
Heart attack/stroke						
Atherosclerosis						
Bleeding problems						
High/low blood pressure						
Irregular heart beat						
Thyroid problems						
Seizure disorder						
Mental/mood issues						
Diabetes						
HIV/AIDS						
Hepatitis						
Organ transplant						
Cancer						
Lung problems (TB)						
Autoimmune diseases						
Asthma, hayfever						
Stomach problems						
Allergy to-						
-antibiotics						
-pain killers						
-latex						
-novocaine						
-other						
Kidney/liver problems						
Back/neck problems						
Tobacco use						
Pregnant						
Sinus problems						
Shingles						
Bisphosphonate medication						
Any other problem						

Have you ever had bleeding problems after tooth extraction? Yes No 12/10/13
Have you ever had an allergic or unusual reaction following dental anesthetic? Yes No
Have you been hospitalized recently? Yes No
Are you taking over-the-counter or herbal remedies? Yes No
Physician's name and number _____

SIGNATURE _____ DATE _____