## **MEDICAL HISTORY**

PATIEN		Birth Date					
-		reat the area in and aro taking, could have an i					
Are you under a physician's care now? Yes No ave you ever been hospitalized or had a major operation? Yes No Have you ever had a serious head or neck injury? Yes No Are you taking any medications, pills, or drugs? Yes No Do you take, or have you taken, Phen-Fen or Redux? Yes No Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?			Yes No If Yes No If Yes No If	If yes, please explain:			
Women: Are you	Do	u on a special diet? O you use tobacco? O rolled substances?	Yes O No				
Pregnant/Trying to g	et pregnant?	Yes No Taking	g oral contracepti	ives? Yes N	o Nursing?	○ Yes ○ No	
Are you allergic to an Aspirin Other If yes, ple	Penicillin	-	ocal Anesthetics	Acrylie	c Metal	Latex	Sulfa drugs
Do you have, or have AlDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blister Congenital Heart Disorde Convulsions  Have you ever had	Yes No	the following? Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizziness Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/Disease	Yes No	Hemophilia Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Osteoporosis Pain in Jaw Joints Parathyroid Disease Psychiatric Care	Yes No	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Dise Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease Yellow Jaundice	Yes No
Comments:							
		estions on this form ha					ation can be
SIGNATURE OF PA	ATIENT, PAREN	Γ, or GUARDIAN				DATE	