

Confidential Health History

Patient Name: _____

✓ Check any of the following you have or have ever had:

- | | |
|---|--|
| <input type="checkbox"/> Heart disease or heart attack | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Prosthetic (artificial) heart valve or joint | <input type="checkbox"/> Severe infections |
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> High or low blood pressure | <input type="checkbox"/> Cancer or tumor |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Psychiatric treatment |
| <input type="checkbox"/> Blood disorders | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Radiation (X-ray) therapy |
| <input type="checkbox"/> Prolonged bleeding | <input type="checkbox"/> Asthma or hay fever |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Blood transfusions | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Human immunosuppressant virus/Antibodies | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Hypo/Hyperthyroid | _____ |

Are you presently under a physician's care: Yes _____ No _____

If yes, reason: _____

If yes, Medical Doctor's name: _____ Phone: _____

Do you require antibiotic or sedative pre-medication? _____ Why? _____

Are you hard to get numb? _____ Any other issues? _____

List all medications you are presently taking:

Medication	Action
_____	_____
_____	_____
_____	_____
_____	_____

Pharmacy: _____ Phone: _____

Are you allergic or suffer ill-effects from the following?

Penicillin Sulfa Aspirin Codeine Latex

Others _____

Women only: Are you pregnant? _____ If so, what month? _____

Are you taking any hormonal or birth control medication? Yes _____ No _____

I affirm the above information is accurate to the best of my knowledge.

Signature _____ Date _____