	PAT	ENT MEDICA	AL HISTORY	1			
Patient's Name:					For Office Use Only		
Address:			Today's Date:	Date of Last Visit:	Date of Med. History		
City State Zip:			Email:				
Home Phone: Work Pho	ne:	Cell Phone:	Birth Date:	Social Security No.:	Marital Status:		
Primary Dental Guarantor:			Home Phone:	Work Phone:	Cell Phone:		
Tilliary Dollar Cau.							
			<u></u>				
Secondary Dental Guarantor:			Home Phone:	Work Phone:	Cell Phone:		
Physician Name:			Physician Phone:				
Dhormoour.			Pharmany Phone:				
Pharmacy:			Pharmacy Phone:				
For Office Use Only							
Medical Alerts:	E						
Sex: If female please an	nswer the following:		Please answer	the following:			
Sex: If female please an	nswer the following:		Please answer	the following:	Unioht (		
YN	nswer the following:		YN	the following: smoke or use tobacco?	Height:		
Y N	ng Birth Control Pills?	# of weeks	YN	smoke or use tobacco?			
Y N	ng Birth Control Pills? gnant? If Yes		Y N	smoke or use tobacco?	Height: Weight:		
Y N  Are you takin  Are you preg	ng Birth Control Pills? gnant? If Yes sing?	# of weeks	Y N  Do you  For Office Use	smoke or use tobacco? Only Heart Rate:	Weight:		
Y N  Are you takin  Are you preg  Are you nurs  Y N Conditions	ng Birth Control Pills? gnant? If Yes sing?	# of weeks  N Conditions	Y N  Do you  For Office Use	smoke or use tobacco? Only Heart Rate:  Y N Conditions	Weight:		
Y N  Are you takin  Are you preg  Are you nurs  Y N Conditions  Heart Surgery	ng Birth Control Pills? gnant? If Yes sing?	# of weeks  N Conditions Allergies	Y N  Do you  For Office Use	smoke or use tobacco? Only Heart Rate:  Y N Conditions Glaucoma	Weight:		
Y N  Are you takin  Are you preg  Are you nurs  Y N Conditions  Heart Surgery  High Blood Pressure	ng Birth Control Pills? gnant? If Yes sing?  Y	# of weeks  N Conditions Allergies Hay Fever	Y N  Do you  For Office Use	smoke or use tobacco? Only Heart Rate:  Y N Conditions	Weight:		
Y N  Are you takin  Are you preg  Are you nurs  Y N Conditions  Heart Surgery  High Blood Pressure  COUMADIN /PLAVIX	ng Birth Control Pills? gnant? If Yes sing?  Y	# of weeks  N Conditions Allergies Hay Fever Emphysema	Y N  Do you  For Office Use	smoke or use tobacco? Only Heart Rate:  Y N Conditions Glaucoma	Weight:		
Y N	ng Birth Control Pills? gnant? If Yes sing?  Y	# of weeks  N Conditions Allergies Hay Fever	Y N  Do you  For Office Use	smoke or use tobacco? Only Heart Rate:  Y N Conditions Glaucoma	Weight:		
Y N	ng Birth Control Pills? gnant? If Yes sing?  Y	# of weeks  N Conditions Allergies Hay Fever Emphysema Asthma	Y N  Do you  For Office Use	smoke or use tobacco? Only Heart Rate:  Y N Conditions Glaucoma	Weight:		
Y N	ng Birth Control Pills? gnant? If Yes sing?  Y	# of weeks  N Conditions Allergies Hay Fever Emphysema Asthma Ulcers	Y N  Do you  For Office Use	smoke or use tobacco? Only Heart Rate:  Y N Conditions Glaucoma	Weight:		
Y N  Are you takin  Are you preg  Are you nurs  Y N Conditions  Heart Surgery  High Blood Pressure  COUMADIN /PLAVIX  Other Blood Thinner  Low Blood Pressure  Pace Maker  Artificial Heart Valve  Heart Attack	ng Birth Control Pills? gnant? If Yes sing?  THERAPY	# of weeks  N Conditions Allergies Hay Fever Emphysema Asthma Ulcers Hepatitis A Hepatitis B Yellow Jaundice	Y N  Do you  For Office Use	smoke or use tobacco?  Only  Heart Rate:  Y N Conditions  Glaucoma Fever Bliste	Weight:		
Y N  Are you takin  Are you preg  Are you nurs  Y N Conditions  Heart Surgery  High Blood Pressure  COUMADIN /PLAVIX  Other Blood Thinner  Low Blood Pressure  Pace Maker  Artificial Heart Valve  Heart Attack  Congenital Heart Defe	ng Birth Control Pills? gnant? If Yes sing?  THERAPY	# of weeks  N Conditions Allergies Hay Fever Emphysema Asthma Ulcers Hepatitis A Hepatitis B Yellow Jaundice Hemophilia	Y N  Do you  For Office Use	smoke or use tobacco?  Only Heart Rate:  Y N Conditions Glaucoma Fever Bliste  Only  Y N Allergies	Weight:		
Y N  Are you takin  Are you preg  Are you nurs  Y N Conditions  Heart Surgery  High Blood Pressure  COUMADIN /PLAVIX  Other Blood Thinner  Low Blood Pressure  Pace Maker  Artificial Heart Valve  Heart Attack  Congenital Heart Defe	ng Birth Control Pills? gnant? If Yes sing?  THERAPY	# of weeks  N Conditions Allergies Hay Fever Emphysema Asthma Ulcers Hepatitis A Hepatitis B Yellow Jaundice Hemophilia Anemia	Y N  Do you  For Office Use	smoke or use tobacco?  Only Heart Rate:  Y N Conditions Glaucoma Fever Bliste  Proper State Aspirin	Weight:		
Y N  Are you takin  Are you preg  Are you nurs  Y N Conditions  Heart Surgery  High Blood Pressure  COUMADIN /PLAVIX  Other Blood Thinner  Low Blood Pressure  Pace Maker  Artificial Heart Valve  Heart Attack  Congenital Heart Defe	ng Birth Control Pills? gnant? If Yes sing?  THERAPY	# of weeks  N Conditions Allergies Hay Fever Emphysema Asthma Ulcers Hepatitis A Hepatitis B Yellow Jaundice Hemophilia Anemia Arthritis	Y N Do you For Office Use BP	y N Conditions Glaucoma Fever Bliste  Y N Allergies Aspirin Codeine	Weight:		
Y N	ng Birth Control Pills? gnant? If Yes sing?  THERAPY	# of weeks  N Conditions Allergies Hay Fever Emphysema Asthma Ulcers Hepatitis A Hepatitis B Yellow Jaundice Hemophilia Anemia Arthritis Mitral Valve Prola	Y N Do you For Office Use BP	y N Conditions Glaucoma Fever Bliste  Y N Allergies Aspirin Codeine Dental Ane:	Weight:		
Y N	ng Birth Control Pills? gnant? If Yes sing?  THERAPY	# of weeks  N Conditions Allergies Hay Fever Emphysema Asthma Ulcers Hepatitis A Hepatitis B Yellow Jaundice Hemophilia Anemia Arthritis Mitral Valve Prola	Y N Do you For Office Use BP	Smoke or use tobacco?  Only Heart Rate:  Y N Conditions Glaucoma Fever Bliste  Y N Allergies Aspirin Codeine Dental Ane: Erythromyc	Weight:		
Y N	ng Birth Control Pills? gnant? If Yes sing?  THERAPY	# of weeks  N Conditions Allergies Hay Fever Emphysema Asthma Ulcers Hepatitis A Hepatitis B Yellow Jaundice Hemophilia Anemia Arthritis Mitral Valve Prola	Y N Do you For Office Use BP	Smoke or use tobacco?  Only  Heart Rate:  Y N Conditions  Glaucoma Fever Bliste  Y N Allergies Aspirin Codeine Dental Anei Erythromyc	Weight:		
Y N	ng Birth Control Pills? gnant? If Yes sing?  THERAPY	# of weeks  N Conditions Allergies Hay Fever Emphysema Asthma Ulcers Hepatitis A Hepatitis B Yellow Jaundice Hemophilia Anemia Arthritis Mitral Valve Prola Rheumatic Fever Abnormal Bleedi	PY N Do you For Office Use BP	Smoke or use tobacco?  Only  Heart Rate:  Y N Conditions  Glaucoma Fever Bliste  Y N Allergies Aspirin Codeine Dental Ane: Erythromyc Jewelry	Weight:		
Y N	ng Birth Control Pills? gnant? If Yes sing?  THERAPY	# of weeks  N Conditions Allergies Hay Fever Emphysema Asthma Ulcers Hepatitis A Hepatitis B Yellow Jaundice Hemophilia Anemia Arthritis Mitral Valve Prola Rheumatic Fever Abnormal Bleedi HIV+ AIDS Blood Transfusio Drug Abuse	PY N Do you For Office Use BP	Smoke or use tobacco?  Only  Heart Rate:  Y N Conditions  Glaucoma Fever Bliste  Aspirin Codeine Dental Ane: Frythromyc Jewelry Latex Metals Penicillin	Weight:		
Y N  Are you takin  Are you preg  Are you nurs  Y N Conditions  Heart Surgery  High Blood Pressure  COUMADIN /PLAVIX  Other Blood Thinner  Low Blood Pressure  Pace Maker  Artificial Heart Valve  Heart Attack  Congenital Heart Defe  Angina Pectoris  Artificial Bones  PREMEDICATE  Stroke  Diabetes  Thyroid Problems  Cancer- Chemotherae  Radiation Therapy  Epilepsy	ng Birth Control Pills? gnant? If Yes sing?  THERAPY	# of weeks  N Conditions Allergies Hay Fever Emphysema Asthma Ulcers Hepatitis A Hepatitis B Yellow Jaundice Hemophilia Anemia Arthritis Mitral Valve Prola Rheumatic Feve Abnormal Bleedi HIV+ AIDS Blood Transfusio Drug Abuse Tuberculosis	PY N Do you For Office Use BP	Smoke or use tobacco?  Only  Heart Rate:  Y N Conditions  Glaucoma Fever Bliste  Aspirin Codeine Dental Ane: Frythromyc Jewelry Latex Metals Penicillin Tetracycline	Weight:		
Y N	ng Birth Control Pills? gnant? If Yes sing?  THERAPY	# of weeks  N Conditions Allergies Hay Fever Emphysema Asthma Ulcers Hepatitis A Hepatitis B Yellow Jaundice Hemophilia Anemia Arthritis Mitral Valve Prola Rheumatic Fevel Abnormal Bleedi HIV+ AIDS Blood Transfusio Drug Abuse Tuberculosis Colitis	Pro Office Use BP	Smoke or use tobacco?  Only  Heart Rate:  Y N Conditions  Glaucoma Fever Bliste  Aspirin Codeine Dental Ane: Frythromyc Jewelry Latex Metals Penicillin	Weight:		
Y N	ng Birth Control Pills? gnant? If Yes sing?  THERAPY	# of weeks  N Conditions Allergies Hay Fever Emphysema Asthma Ulcers Hepatitis A Hepatitis B Yellow Jaundice Hemophilia Anemia Arthritis Mitral Valve Prola Rheumatic Feve Abnormal Bleedi HIV+ AIDS Blood Transfusio Drug Abuse Tuberculosis	Pro Office Use BP	Smoke or use tobacco?  Only  Heart Rate:  Y N Conditions  Glaucoma Fever Bliste  Aspirin Codeine Dental Ane: Frythromyc Jewelry Latex Metals Penicillin Tetracycline	Weight:		

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Is there any disease If yes, please descri	, condition, or prob	em that you	think this office	e should know a	bout that is not cove	ered above?
ii yes, piease descri	be below					
es:						

(If Under 18, Parent or Guardian Signature Required)