HEALTH HISTORY – Continued

Please Check Yes or No

Height _____ Weight _____

GENERAL	YES	NO
Tire easily, Weakness	☐	☐
Marked Weight Change	☐	☐
Persistent Fever	☐	☐
Taken Weight Loss Products (Phen-Phen)	☐	☐
Taken Steroids (Prednisone)	☐	☐

SKIN		
Rashes, Hives	☐	☐
Changes in Skin Color	☐	☐

EYES		
Eye Problems	☐	☐
Glaucoma	☐	☐

EARS		
Loss of Hearing	☐	☐
Ear Infections	☐	☐

NOSE		
Frequent Nose Bleeds	☐	☐
Sinus Problems	☐	☐

THROAT		
Frequent Sore Throat	☐	☐
Post Nasal Drip	☐	☐
Cleft Palate	☐	☐

ENDOCRINE		
Diabetes	☐	☐
Thyroid Problems	☐	☐
Other Gland Problems	☐	☐

NERVOUS SYSTEM	YES	NO
Stroke	☐	☐
Frequent Headaches	☐	☐
Convulsions/Epilepsy	☐	☐
Numbness/Tingling	☐	☐
Dizziness/Fainting	☐	☐
Nerve Problems	☐	☐
Head Injury	☐	☐
Psychiatric Treatment	☐	☐
Emotional Problems	☐	☐

CARDIOVASCULAR		
Mitral Valve Prolapse	☐	☐
Rheumatic Fever	☐	☐
Any Heart Disease	☐	☐
High Blood Pressure	☐	☐
Low Blood Pressure	☐	☐
Chest Pain/Discomfort	☐	☐
Congenital Heart Disease	☐	☐
Artificial Heart Valve	☐	☐
Pacemaker	☐	☐
Scarlet Fever	☐	☐
Heart Surgery	☐	☐
Heart Attack	☐	☐
Heart Murmur	☐	☐

RESPIRATORY		
Asthma	☐	☐
Emphysema	☐	☐
Bronchitis	☐	☐
Pneumonia	☐	☐
Persistent Cough	☐	☐

MUSCULOSKELETAL	YES	NO
Arthritis/Rheumatism	☐	☐
Broken Bones	☐	☐
Artificial Joints/Pins/Parts/Implants	☐	☐
Have You Ever Taken Bisphosphonate Therapy (Actonel, Fosamax, Boniva, Etc.) for Osteoporosis or Osteopenia	☐	☐

DIGESTIVE		
Changes in Appetite	☐	☐
Black, Bloody or Pale Stools	☐	☐
Jaundice	☐	☐
Hepatitis	☐	☐
Stomach Ulcers	☐	☐
Liver Disease	☐	☐

URINARY		
Kidney Disease	☐	☐
Kidney Transplant	☐	☐
Venereal Disease	☐	☐
Other	☐	☐

BLOOD		
Bleeding Problems	☐	☐
Blood Disorder	☐	☐
Sickle Cell	☐	☐
Anemia	☐	☐
HIV	☐	☐
Other	☐	☐

OTHER		
Auto-Immune Disorders	☐	☐
Radiation Treatment	☐	☐
Tumors/Growths	☐	☐
Cancer	☐	☐
Tuberculosis	☐	☐

FAMILY HISTORY		
Cancer	☐	☐
Heart Disease	☐	☐
High Blood Pressure	☐	☐
Diabetes	☐	☐
Sickle Cell	☐	☐

All Operations or Surgeries: **Year**

Is there anything else you feel we should know about?_____

WOMEN ONLY

ARE YOU PREGNANT NOW? YES ☐ NO ☐ MAYBE ☐

ARE YOU TAKING THE BIRTH CONTROL PILL? YES ☐ NO ☐

IMPORTANT: Antibiotics (Penicillin, Erythromycin, etc.) which may be prescribed after treatments, may cause the birth control pill to be ineffective. Other methods of contraception are recommended for the duration of the effected cycle.

Nearest Relative Not Living With You

_____

Address _____

_____

_____

Phone _____

A NOTE OF THANKS:

Thank you for taking the time to provide us with your health history and insurance information. We appreciate your confidence in our practice to address all of your oral & maxillofacial needs. Our team goes to great lengths to provide the highest level of patient care to support you and your loved ones. We always strive for excellence and utilize the latest and safest state-of-the-art technology to create a positive and seamless overall patient experience.

To the best of my knowlege all the preceeding answers are true and correct:

Signature _____