

PATIENT NAME _____

BIRTH DATE _____

Physician's Name/Address _____

Do you require **PREMEDICATION** prior to dental treatment? YES NO

If yes, for which of the following? Heart (Infective Endocarditis, Artificial Valve, etc.) Joint Replacement (Knee, Hip or other)

Do you have a **LATEX ALLERGY**? YES NO

Are you **ALLERGIC** to any of the following?

Antibiotics (Amoxicillin, Clindamycin, Penicillin, Other) Codeine Local anesthetics Sulfa

Other: _____

Have you taken or are you currently taking **BISPHOSPHONATE MEDICATIONS** (Ex. Actonel, Boniva, Fosamax, Prolia, Zometa, etc.)? YES NO

Do you have or have you had any of the following?

AIDS/HIV	YES	NO	Fibromyalgia	YES	NO	Rheumatoid arthritis	YES	NO
Alzheimer's Disease	YES	NO	Heart Problems	YES	NO	Sinus Trouble	YES	NO
Angina/Chest Pain	YES	NO	Hepatitis A,B or C	YES	NO	Stroke	YES	NO
Anxiety/Depression	YES	NO	High Blood Pressure	YES	NO	Substance Abuse	YES	NO
Artificial Heart Valve	YES	NO	Intestinal Disease	YES	NO	Trigeminal Neuralgia	YES	NO
Asthma	YES	NO	Irregular Heartbeat	YES	NO	TMD Disorder	YES	NO
Bleeding disorder	YES	NO	Joint Replacement	YES	NO	Tuberculosis (Active)	YES	NO
Cancer	YES	NO	Kidney Problems	YES	NO	WOMEN ONLY		
Chemotherapy/Radiation	YES	NO	Liver Disease	YES	NO	Are you Pregnant?	YES	NO
Diabetes	YES	NO	Lung Disease	YES	NO	If yes, # of weeks? _____		
Epilepsy/Seizures	YES	NO	Nerve pain	YES	NO	Are you Nursing?	YES	NO
Fainting/Dizziness	YES	NO	Pacemaker	YES	NO			

Have you ever had any serious illness not listed above? YES NO

If yes, please explain: _____

PLEASE LIST ALL MEDICATIONS THAT YOU ARE CURRENTLY TAKING

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|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be dangerous to my (or patient's) health. It is my responsibility to inform the dental office of any changes in medical status.

SIGNATURE OF PATIENT, PARENT or GUARDIAN _____ DATE _____