

CONFIDENTIAL MEDICAL-DENTAL HISTORY FORM

LAST NAME: _____ TITLE: _____ FIRST NAME: _____

MIDDLE NAME: _____ PREFERRED NAME: _____ DOB: _____

HOME ADDRESS: _____ ZIP _____

HOME #: _____ WORK#: _____ CELL# _____

EMAIL ADDRESS: _____ SS NO: _____

CONTACT IN CASE OF EMERGENCY: _____ # _____

WHOM CAN WE THANK FOR REFERRING YOU _____

MEDICAL HISTORY:

MEDICAL DOCTOR: _____ ADDRESS _____ # _____

DATE OF YOUR LAST PHYSICAL EXAM: _____

ARE YOU NOW OR HAVE YOU RECENTLY BEEN UNDER A PHYSICIAN'S CARE? ___ YES ___ NO

REASON: _____

HAVE YOU EVER BEEN HOSPITAL OR HAD ANY SERIOUS ILLNESS? ___ YES ___ NO

EXPLAIN: _____

HAVE YOU EVER HAD ANY COSMETIC PROCEDURE? ___ YES ___ NO

PLEASE CHECK THE FOLLOWING CONDITIONS:

YES	NO		YES	NO		YES	NO	
___	___	Arthritis	___	___	Hepatitis or Jaundice	___	___	Prolonged Bleeding
___	___	Rheumatic Fever	___	___	Liver Disease	___	___	Fainting Tendency
___	___	Heart Trouble	___	___	Cancer	___	___	Epilepsy
___	___	Heart Murmur	___	___	Tuberculosis	___	___	Thyroid Disease
___	___	High Blood Pressure	___	___	Diabetes	___	___	Glaucoma
___	___	Chest Pain	___	___	Kidney/Bladder Trouble	___	___	Radiation Treatment
___	___	Stroke	___	___	Anemia	___	___	Mental Health Issues
___	___	Shortness of Breath	___	___	Lung Disease	___	___	HIV or AIDS
___	___	Asthma or Hay Fever	___	___	Venereal Disease	___	___	Prosthetic Joint Replacement
___	___	Sinus Trouble	___	___	Blood Disease	___	___	Blood Transfusion

CHECK ANY OF THE FOLLOWING THAT YOU ARE NOW TAKING OR HAVE TAKEN:

___ Cortisone Drugs	___ Anticoagulants	___ Tranquilizers
___ Steroids	___ Blood Thinners	___ Sedatives

ARE YOU TAKING ANY MEDICATIONS, HERBAL SUPPLEMENTS, OR VITAMINS? ___ YES ___ NO

Please List: _____

ARE YOU ALLERGIC TO OR DO YOU SUFFER ILL EFFECTS FROM ANY OF THE FOLLOWING?

___ Penicillin	___ Codeine	___ Dental Anesthesia
___ Aspirin	___ Household Bleach	___ Other: _____

WOMEN ONLY: Are you Pregnant? ___ YES ___ NO ___ RISKS

Explain: _____

THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE _____