

## **HEALTH HISTORY**

NAME:	
DOB:	
ADDRESS:	
EMAIL:	
EMERGENCY CONTACT:	
Name of Physician, practice and phone num	ber:
Name of any medical specialists you are see	ing:
Pharmacy and City/Town:	
Are you required to pre-med with antibiotics Yes	s before dental treatment? No
Please list reason for Pre Med:	
Do you have a history or are currently be Circulatory, Diabetic or BP conditions?	ing treated for any Heart,
Angina	<u> </u>
Arteriosclerosis	
Artificial Heart Valve	
Cardiovascular Disease	
Congenital Heart Disease	
Congestive Heart Failure (CHF)	
Coronary Artery Disease	
Damaged Heart Valves	
Diabetes	
Heart Arrhythmias	
Heart Attack	
Heart Failure	
Heart Valve Disease	
High Blood Pressure	
Infective Endocarditis	
Low Blood Pressure	

Mitral Valve Prolapse	
Pacemaker	
Peripheral artery disease	
Rheumatic heart Disease	
Vasculitis	

# Do you have a history or are currently being treated for any Lung, Breathing or Thyroid conditions?

Acute respiratory distress syndrome	
Asthma	
Bronchitis	
COPD	
Cystic fibrosis	
Emphysema	
Pneumonia	
Pulmonary edema	
Pulmonary emphysema	
Tuberculosis	
Thyroid Disease	

## Do you have a history or are currently being treated for any Digestive or Dietary conditions?

Acid reflux/heartburn	
Celiac Disease	
Diverticulitis	
Eating disorder	
Gastrointestinal disease	
GERD	
Lactose Intolerance	
Malnutrition	
Severe or rapid weight loss	
Ulcers	

Do you have a history or are you currently being treated for any Neurological, Seizure, Motor Function conditions?

ALS	
Alzheimer's or Dementia	
Autism	
Brain Aneurysm	
Brain Injury	
Dementia	
Epilepsy	
Fainting	
Migraines/severe headaches	
Multiple Sclerosis	
Myasthenia Graves	
Parkinson's Disease	
Seizures	
Stroke	

Do you have a history or are you currently being treated for any Autoimmune or Bleeding conditions?

Anemia	
Ankylosing Spondylitis	
Arthritis	
Bleeding Disorder/Hemophilia	
Blood thinner use	
Diabetes	
Graves' disease	
Hashimoto's thyroiditis	
Immune Deficiency	
Lupus	
Psoriasis	
Rheumatoid Arthritis	

Do you have a history or are you currently being treated for Artificial Joint or Artificial Heart Valves?

Artificial Heart Valve?	
Artificial Joint?	
If you answered yes, are you required to Pre-	med?

Do you have a history or are you currently being treated for any forms of Cancer or tumors?

Brain Tumor	
Breast Cancer	
Cancer	
Chemotherapy/Radiation	
Liver Cancer	
Lung Cancer	
Multiple Myeloma	
Tumors	
Other (please list)	

## Do you have a history or are you currently being treated for any forms of Liver, Kidney or Cholesterol Problems?

Hepatitis	l
High Cholesterol	
Jaundice	
Kidney Disease	
Liver Disease	
Low Cholesterol	
Renal/Kidney Problems	

### Do you have a history of smoking, alcohol, STD/HIV Conditions?

Alcohol use (socially)	
HIV/AIDS?	
HPV	
STD	
Tobacco (smoking)	
Tobacco (dip/chew)	

Are there any other conditions we should be aware of?

## **MEDICATIONS & ALLERGIES**

Are you taking any pain medications?	
Acetaminophen	
Aspirin	
Codeine	
Demerol (Meperidine)	
Hydrocodone (Vicodin/ Norco)	
Ibuprofen	
Naproxen	
Meloxicam (Mobic)	
Motrin	
Percocet (Oxycodone)	
Ultram (Tramadol)	

Are you taking any Diabetes, Cholesterol, or Blood Pressure medications?

Avapro (Irbesartan)	
Coreg (Carvedilol)	
Crestor (Rosuvastatin)	
Klor-Con (Potassium Chloride)	
Lasix (Furosemide)	
Lipitor (Atorvastatin Calcium)	
Lopressor (Metoprolol)	
Losartan (Cozaar)	
Metformin (Glucophage)	
Microzide (Hydrochlorothiazide)	
Norvasc (Amlodipine)	
Pravachol (Pravastatin)	
Prinivil (Lisinopril)	
Tenormin (Atenolol)	
Toprol XL (Metoprolol)	
Tricor (Fenofibrate)	
Zestoretic (Lisinopril)	
Zocor (Simvastatin)	

## Are you taking any Antibiotics?

Amoxicillin	
Alloxicilli	I
Azithromycin	
Cephalexin	
Ciprofloxacin	
Clindamycin	
Doxycycline	
Levofloxacin	
Metronidazole	
Tetracycline	
Zithromax (Azithroymcin)	

Are you taking any Allergy or Asthma medications?

Allegra (Fexofenadine)	
Astelin (Azelastine)	
Benadryl (Diphenhydramine)	
Clarinex	
Claritin, Alavert (oratadine)	
Flonase (Fluticasoe)	
Singulair (Montelukast)	
Tavist (Clemastine)	
Ventolin (Albuterol Inhaler)	
Zyrtec (Cetirizine)	

### Are you taking any Antidepressants or Anxiety medications?

Adderall	
Ambien (Zolpidem)	
Celexa (Citalopram)	
Cymbalta (Duloxetine)	
Effexor (Venlafaxine)	
Lexapro (Escitalopram)	
Neurontin (Gabapentin)	
Oleptro (Trazodone)	
Prozac (Fluoxetine)	<u> </u>
Wellbutrin (Buproprion)	
Xanax (Alprazolam)	
Zoloft (Sertraline)	

#### Are you taking any Blood thinners?

Aspirin (81mg)	
Aspirin (325mg)	
Eliquis	
Coumadin (Warfarin)	
Plavix (Clopidogrel)	
Xarelto	

Are you taking any steroid, bone remodeling, Thyroid or reflux medications?

Aclasta/Reclast (Zoledronic Acid)	
Boniva	
Fosmaax (alendronate)	
Medrol (methylprednisone)	
Predinisone	
Prilosec (omeprazole)	
Synthroid (levothyroxine)	

Are you currently taking any other medications or dietary supplements not listed? Please list

### Have you ever had an allergic reaction to any of the following?

Acetaminophen	<u> </u>
Acrylic	
Amoxicillin	
Aspirin	
Azithromycin	
Barbiturates	
Clindamycin	
Codeine	
Eggs	
Erythromycin	
Ibuprofen	
Iodine	
Latex	
Metals	
Nuts	
Penicillin	
Soy	
Sulfa Drugs	
Sulfa	
Tetracycline	