MEDICAL HISTORY

PATI		Birth Date					
•	that you may be ta	at the area in and around king, could have an imp			•	•	•
Are you under a physician's care now? Yes No Have you ever been hospitalized or had a major operation? Yes No Have you ever had a serious head or neck injury? Yes No Are you taking any medications, pills, or drugs? Yes No Do you take, or have you taken, Phen-Fen or Redux? Yes No Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?			If yes, please explain: If yes, please explain: If yes, please explain: If yes, please explain:				
	Are yo	ou on a special diet? On you use tobacco? On trolled substances?	Yes O No				
-Women: Are you Pregnant/Trying to	get pregnant?	Yes O No Taking	g oral contracep	otives? O Yes O N	o Nursing?	○ Yes ○ No	
Are you allergic to a Aspirin Other If yes, p	Penicillin		ocal Anesthetics	s Acrylid	: Metal	Latex	Sulfa drugs
AIDS/HIV Positive Alzheimer's Disease Anaphylaxis Anemia Angina Arthritis/Gout Artificial Heart Valve Artificial Joint Asthma Blood Disease Blood Transfusion Breathing Problem Bruise Easily Cancer Chemotherapy Chest Pains Cold Sores/Fever Blist Congenital Heart Diso Convulsions	rder Yes No	Cortisone Medicine Diabetes Drug Addiction Easily Winded Emphysema Epilepsy or Seizures Excessive Bleeding Excessive Thirst Fainting Spells/Dizzines: Frequent Cough Frequent Diarrhea Frequent Headaches Genital Herpes Glaucoma Hay Fever Heart Attack/Failure Heart Murmur Heart Pacemaker Heart Trouble/Disease	 Yes ○ No Yes ○ No O Yes ○ No 	Hepatitis A Hepatitis B or C Herpes High Blood Pressure High Cholesterol Hives or Rash Hypoglycemia Irregular Heartbeat Kidney Problems Leukemia Liver Disease Low Blood Pressure Lung Disease Mitral Valve Prolapse Osteoporosis Pain in Jaw Joints Parathyroid Disease	Yes No	Radiation Treatments Recent Weight Loss Renal Dialysis Rheumatic Fever Rheumatism Scarlet Fever Shingles Sickle Cell Disease Sinus Trouble Spina Bifida Stomach/Intestinal Di Stroke Swelling of Limbs Thyroid Disease Tonsillitis Tuberculosis Tumors or Growths Ulcers Venereal Disease Yellow Jaundice	Yes No
		stions on this form have					can be
	PATIENT. PARENT	It is my responsibility to	millorin (ne dell	an onice of any change	a in medical statt	DATE	