

HEALTH QUESTIONNAIRE

Pease answer each cuestion. Crick the appropriate box enrick on now Yes or No whose applicable. Example: Any you shire? 1. Any spir in gracin health? 1. Any spir in gracin health? 1. Any spir in gracin health? 1. Since you are gracin health? 1. Since you are gracin health? 1. Since you are gracin health? 1. Since you will be the condition health greated? 1. Since you will be the condition health greated? 1. Since you will be the condition health greated? 1. Since you will you will be the condition health greated? 1. Since you will you will be the condition health greated? 1. Since you will you will be the condition health greated? 1. Any you willing you will condition to a since you will not be showing. Please crick *Y for love or *W for box - canver all conditions! 1. Since you will you will not you fail be bloowing. Please crick *Y for love or *W for box - canver all conditions! 1. Since you will you will not you will not you will be showing. Please crick *Y for love or *W for box - canver all conditions! 1. Since you will not health you will will be showing. Please crick *Y for love or *W for box - canver all conditions! 1. Since you will be shown you will		stions are for your bene questions may seem ur								
1. An eyou fraged health?	Please answer each question								Yes	No
2. Date offest physical examination 3. An eyroun was under the cage of a physician? 5. Hone you seek town the came of a physician of the seek of the										
2. An eyour row under the care of a physician?				- 15-5, - 15-5, will k'r	enelia eva estat			******************	Yes	No
Files on the librory operations in less or operation? Yes No How you can't beam hospitalized? Yes No How you taking any Immediations, Indige the process of the pr	3. Are you now under the c	are of a physician?				***************************************			Yes	No
If So, what sines or operation? New you target you have one hospitalized? An you target you grow and the problem? An you target you target you drugs or materials? Pencilly Problem? An you target you target you had any of the following: Please target Y for Year or N° for No - answer all uncordinors. You have you target you had on you the following: Please target Y for Year or N° for No - answer all uncordinors. You have you had on you the following: Please target Y for Year or N° for No - answer all uncordinors. You have you had only of the following: Please target Y for Year or N° for No - answer all uncordinors. You have you had only of the following: Please target Y for Year or N° for No - answer all uncordinors. You have you had not you the following: Please target Y for Year or N° for No - answer all uncordinors. You have you had you had you the following: Please target Y for Year or N° for No - answer all uncordinors. You have you had you h	If so what is the condition	n heing treated?								
5. Heavy pour cere to con Incognitizer? Yes No If so, wind vary control or permitted of the problem? Yes No If so, wind? Yes No Yes Yes No Yes Yes Yes No Yes Yes Yes Yes No Yes Y			n?						Yes	No
Life on what was the problem? A ray you stary any recreational drugs (martyana, occaine, etc.)? Yes No If so, what? A rey you ever been parameterated with write bricks for your devial freetherer?. Yes No If so, what? A rey you ever been parameterated with write bricks for your devial freetherer?. Yes No If so, what? A rey you ever been parameterated with write bricks for your devial freetherer?. Yes No If so, what? A rey you ever been parameterated with write bricks for your devial freetherer?. Yes No If so, what? If you have any the problem? Yes Y	If so, what illness or oper	ation?							Voc	NI-
6. Are you taking any Imerications, cruz or method? 7. Any you using any recreational drugs (meripares, eccaine, etc.)? Visc No If so, what? 7. Any you using any recreational drugs (meripares, eccaine, etc.)? Visc No If so, what? 9. Any you short been premedicated with artibiotics by your dental treatment? Suita Drugs, Aspirit, Coclaine, Laws, Other No If Chiner, what I was a supplied to any drugs or materials? Particiling Particiling Suita Drugs, Aspirit, Coclaine, Laws, Other No If Chiner, Visc	If an what was the probl	om?								IVO
If so, what? A way ou serilly any servational drugs (mentjurna, cocare, etc.)? Yes No 1 so, what? B Have you ever to been permodicated with artifications provided the teachers? A way ou serilly are strength or support of the floatwing. Please and of Y for Visor (** Yes No 1 so, what?) Yes No 1 so, what? Yes No 1 so, what? Yes No 1 so, what? Yes No 1 so Yes No 2 so Yes No	6. Are you taking any um	nedications, 🖵 drugs o	r 🗖 herbs?						Yes	No
8. Have you onch boen premadicated with antiblocities for your dental insubment? A rey ou onch boen premadicated with antiblocities (?) Penicitimi; "In Pranagatines," Sulfa Druggs, Asplinin; Coddines, Latax; Other, Yes No It Offices, whet drugs? No It Office, whet drugs? No Annotal YN Implant YN Annotal YN Implant YN Implant YN Annotal YN Implant YN Implant YN Annotal YN Implant YN	If so, what?			What do	sage?					
9. Are you sensitive or allergit to any drugs or materials? Perfollin Tetracycline; Sulfa Drugs Aspim; Codone; Latox Other. Yes No If Other, water thus? 10. Do you have or nave you had any of the following. Fleesaccide: Y for Yes or N for No - senswer all conditions; Y N Amina Y N Broads Y N Head highes Y N Amina Y N Broads Y N Head highes Y N Broads Y N Stoke Y N										76
If One, whet drugs? If A name is V N menits V N menits										
10. Doyou have or have you had any of the following. (Please cricle Y for Yes or 'N for No - answer all conditions): Y N Aemina Y N Head failure Y N Head failure		gic to any drugs of mate	riais: 🛥 i eriiciiiri,	Tetracycline,	ouila Drugs, 🛥 Asp	iiii, 🛥 code	irie, 🛥 Latex,	Ou lei	168	NO
Y N Herges Y N Headaches Y N Carter Feere Y		had any of the following	g: (Please circle 'Y'	for Yes or 'N' for N	lo - answer all condi	tions):				
11. Do you have any disease, condition or problem not listed that you think we should know about? 12. Do you wear a cardiac pagemaker, or have you had heart surgery? 13. Do you wear a cardiac pagemaker, or have you had heart surgery? 14. Heve you smoke? If yes, how much? 15. Wormen) Are you pregnant? If so how many months? 16. Wormen) Do you have any predicted with your menstrual period? 17. Wormen) Do you have any predicted with your menstrual period? 17. Wormen) Do you have any predicted with your menstrual period? 17. Wormen) Do you have any predicted with your menstrual period? 17. Wormen) Do you take any point control medication or hormones? 18. Wormen) Do you take any predicted with your menstrual period? 19. Have you ever had any unlavorable reaction from a local anesthetic? 19. Have you ever had any unlavorable reaction from a local anesthetic? 19. Have you ever had any unlavorable reaction from a local anesthetic? 19. Have you have any perious trouble associated with any previous dental treatment? 19. Have you aver had any unlavorable reaction from a local anesthetic? 19. Have you aver had any unlavorable reaction from a local anesthetic? 19. Have you aver had any unlavorable reaction from a local anesthetic? 19. Have you had any serious trouble associated with any previous dental treatment? 19. Have you aver had any unlavorable reaction from a local anesthetic? 19. Have you aver had any unlavorable reaction from a local anesthetic? 19. Have you aver had any unlavorable reaction from a local anesthetic? 19. Have you aver had any unlavorable reaction from a local anesthetic? 19. Have you aver had any unlavorable reaction from a local anesthetic from a	YN Herpes YN Stroke YN Ulcers YN Diabetes YN Tonsillitis YN Hemophill YN Arthritis YN Emphyset YN Cancer YN Seizures YN Chicken F	S YN Heart Failure YN Scarlet Fever YN Sinus Trouble YN Heart Murmur YN Liver Disease MAY N Heart Atlments OX YN Heart Atlack	Y N Kidney Disease Y N Chemotherapy Y N Stomach Ulcers Y N Angina Pectoris Y N Mental Disorder Y N Thyroid Disease Y N Fainting Spells Y N Rheumatic Fever	YN Joint Replace YN Nervous Diso YN Tumors or Gr YN Allergies or F YN Pain in Jaw J YN Artificial Pros YN Sickle Cell DI YN Cortisone Me	ment dets y N Mitral Val Y N High Bloc Y N HIV Relatives y N Respirato Y N Psychiatri Sease Y N Hepatitis edicine Y N Difficulty	ve Prolapse d Pressure ed Complex ry Disease or Seizures c Treatment or Jaundice Swallowing	YN X-Ray or YN Radiatio YN Venerea YN Acquired YN TMJ (Ter YN Sleep AF YN Snoring YN Other	Cobalt Treatm n Treatment of I Disease (Syph Immune Deficien nporomandibul	any kind nilis, Gonorr ncy Syndrome	ne (AIDS)
12. Do you wear a cardiac pacemaker, or have you had heart surgery. 12. Do you wear a cardiac pacemaker, or have you had heart surgery. 13. Do you smoke? If yes, how much? 14. Blave you ever taken the drugs. 15. Mormen) The you preparant? If so how many months? 16. Wormen) The you preparant? If so how many months? 17. Yes No. 16. Wormen) Do you have any problems associated with your menstrual period? 17. Yes No. 18. Mormen) Do you have any problems associated with your menstrual period? 17. Wormen) Do you have any problems associated with your menstrual period? 17. Wormen) Do you have any problems associated with your menstrual period? 18. Wes No. 18. May you ever had a local ancesthetic (Novocaine, etc.)? 19. Have you ever had any unfavorable reaction from a local ancesthetic? 19. Have you had any serous trouble associated with any previous dental treatment? 19. Have you had any serous trouble associated with any previous dental treatment? 19. How long since your last full mouth X-Rays? 20. Weeks Months Years 21. How long since your last full mouth X-Rays? 22. How long since your last full mouth X-Rays? 23. Weeks Months Years 24. How long since your last full mouth X-Rays? 25. No. 26. Does dential treatment make you nevous? 26. Does dential treatment make you nevous? 27. Sliphtly Moderately Extremely? 28. No. 29. No. 29. No. 20. In the practice will offer me updates to this NOTICE OF PRIVACY PRACTICES. If further understand that the practice will offer me updates to this NOTICE OF PRIVACY PRACTICES. 29. No. 20. In the practice will offer me updates to this NOTICE OF PRIVACY PRACTICES. 29. No. 20. In the you had a change in your medical condition or had surgery? 29. No. 20. In the you had a change in your medical condition or had surgery? 29. No. 20. In the you had a change in your medical condition or had surgery? 29. No. 20. In the you had a change in your medical condition or had surgery? 29. No. 20. In the you had a change in your medical condition or had surgery?				(95)					Yes	No
13. Do you smoke? If yes, how much? Gigarettes Gigarettes Gigarettes Yes No	If so, what?									
14. Have you ever taken the drugs Fen-Phen, Redux or any diet drugs? Yes No Nowmen) Do you have any problems associated with your menstrual period? Yes No Nowmen) Do you have any problems associated with your menstrual period? Yes No Nowmen) Do you have any problems associated with your menstrual period? Yes No No Nowmen) Do you have any problems associated with your menstrual period? Yes No No No No No No No N		acemaker, or have you	nad neart surgery?.						Yes	
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Have you ever had all local anesthetic (Novocaine, etc.)? Yes No	16. (Women) Do you have ar	ny problems associated	with your menstrua							No
1. Have you ever had a local anesthetic (Novocaine, etc.)?		y birth control medication	on or hormones?						Yes	No
2. Have you ever had any unfavorable reaction from a local anesthetic?		al anesthetic (Novecains	a etc.)2						Voc	No
□ I hereby acknowledge I have received a copy of this practice's NOTICE OF PRIVACY PRACTICES. I further understand that the practice will offer me updates to this NOTICE OF PRIVACY PRACTICES should it be amended, modified, or changes in any way. □ Patient refused / was unable to sign because □ I have received a copy of the Dental Materials Fact Sheet as required by law. To the best of my knowledge, all of the preceding answers are true and correct. If lever have any change in my health or if my medications change, I will, without fall, inform the doctor at my next appointment. ■ Date Signature ■ UPDATE — Since your last visit ②: 1. Have you had a change in your medication?	 Have you ever had any u Have you had any seriou If so, explain? How long since your last How long since your last Does dental treatment m 	Infavorable reaction from the trouble associated with the full mouth X-Rays? Indental treatment? In the full mouth the full mouth X-Rays?	n a local anesthetic' th any previous den Weeks Weeks Slightly	?tal treatment? Months Ye Months Ye arately \(\subseteq \text{Extrer} \)	ears ears			un un	Yes Yes Yes	No No
PRIVACY PRACTICES should it be amended, modified, or changes in any way. Patient refused / was unable to sign because I have received a copy of the Dental Materials Fact Sheet as required by law. I have received a copy of the Dental Materials Fact Sheet as required by law. I have you seen a medical doctor? Yes No 3. Have you had a change in your medication? Yes No 3. Have you had a change in your medication or had surgery? Yes No 3. Have you seen a medical doctor? Yes No 3. Have you had a change in your medical condition or had surgery? Yes No 3. Have you had a change in your medical condition or had surgery? Yes No 3. Have you had a change in your medical condition or had surgery? Yes No 3. Have you had a change in your medical condition or had surgery? Yes No 3. Have you had a change in your medical condition or had surgery? Yes No 3. Have you had a change in your medication? Yes No 3. Have you had a change in your medication? Yes No 3. Have you had a change in your medication? Yes No 3. Have you had a change in your medication? Yes No 9 Please note changes in health since last visit. If no changes, please write "None" Date Signature Yes No Please note changes in health since last visit. If no changes, please write "None" Date Signature HEALTH QUESTIONNAIRE MUST BE CONTINUALLY UPDATED! CONSENT FOR TREATMENT: I hereby grant authority to the dentist(s) in charge of the care of the patient whose name appears on this Health History form, to administer such anesthetics, analgesics, sedatives, nitrous oxide sedation and intravenous sedation, and to perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient. I have been informed of all possible complications of the procedures, anesthetics and/or drugs. All services are rendered and accepted under the terms and conditions printed on the reverse fiereof: Authorization must be signed by the patient, or by the nearest relative in the case of a minor or when the patient is physically or mental	ACTUAL CONTROL OF A CASE AND A CA									No
☐ have received a copy of the Dental Materials Fact Sheet as required by law. To the best of my knowledge, all of the preceding answers are true and correct. If I ever have any change in my health or if my medications change, I will, without fail, inform the doctor at my next appointment. ② Date ③ UPDATE — Since your last visit ③: 1. Have you seen a medical doctor?							i otter me upua	ites to this no	HICE UF	
Beviewed by Composite Co	l have received a copy of the	Dental Materials Fact Sh	eet as required by law			15.00				
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1. Have you seen a medical doctor?	Date	Signature			Reviewed by		LIC. #	usoureswozennościow	Date	nananasan
1. Have you had a change in your medication?	1 UPDATE - Since	your last visit 🔕:			BEVIEWED BY	DOM	ord Wathda	enarius Entrum	コンハロニ	4
3. Have you had a change in your medical condition or had surgery?	Have you seen a medi Have you had a chang	cal doctor? e in your medication?		Yes No			~- ~- ~- ~- ~- ~- ~- ~- ~- ~- ~- ~- ~- ~	nen seriapantan anara		
Date Signature GupDate — Since your last visit 3: 1. Have you seen a medical doctor?	3. Have you had a chang	e in your medical condi	tion or had surgery?	Yes No			•	0	9	
G UPDATE — Since your last visit : 1. Have you seen a medical doctor?	Please note changes in h	ealth since last visit. I	f no changes, plea	se write "None"	DATE	DATE				
G UPDATE — Since your last visit : 1. Have you seen a medical doctor?										
1. Have you seen a medical doctor?	Date	Signature				B.P.				
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Signed: Date: Relationship to Patient	to administer such anesthetic or advisable in the diagnosis All se	es, analgesics, sedatives, s and treatment of this prices are rendered a	, nitrous oxide sedati patient. I have been and accepted und	on and intravenous informed of all po ler the terms an	s sedation; and to pe ssible complications d conditions print	rform such o of the proce ted on the i	perations as edures, anest reverse ther	may be deen hetics and/o e of:	ned neces r drugs.	essary
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