

**Health History:**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you under a physician’s care now?** Yes [ ]  No [ ]

**Have you ever been hospitalized or had a major operation?** Yes [ ]

**Have you ever had a serious head or neck injury?** Yes[ ]  No[ ]

**Are you taking any medications, pills, or drugs?** (Please list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 bisphonates?** Yes [ ]

**Are you on a special diet?**  Yes[ ]  No[ ]

If yes, please list details Click or tap here to enter text.

**Do you use tobacco?**  Yes[ ]  No [ ]

**Do you use controlled substances?**  Yes[ ]  No [ ]

**Women:**

Pregnant/trying to get pregnant[ ]  Nursing?[ ]  Taking oral contraceptives?[ ]

**Are you allergic to?** Aspirin [ ]  Penicillin[ ]  Codeine [ ]

Acrylic [ ]  Aspirin[ ]  Metal[ ]  Latex[ ]  Sulfa Drugs[ ]

Local Anesthetics [ ]

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

AIDS/HIV Positive[ ]  Epilepsy or Seizures[ ]  Leukemia [ ]  Tuberuclosis[ ]

Alzheimer Disease[ ]  Excessive Bleeding[ ]  Liver Disease[ ]  Tumors or Growths[ ]

Anaphalaxis[ ]  Excessive Thirst[ ]  Low Blood Pressure[ ]  Ulcers[ ]

Anemia[ ]  Fainting Spells/Dizziness[ ]  Lung Disease[ ]  Venereal Disease[ ]

Angina [ ]  Frequent Cough [ ]  Mitral Valve Prolapse[ ]  Yellow Jaundice[ ]

Arthritis/Gout[ ]  Frequent Diarrhea[ ]  Osteoporosi[ ] s

Artificial Heart Valve[ ]  Frequent Headaches[ ]  Pain in Jaw Joint[ ]

Artificial Joint[ ]  Genital Herpes[ ]  Parathyroid Disease[ ]

Asthma [ ]  Glaucoma[ ]  Psychiatric Care[ ]

Blood Disease[ ]  Hay Fever[ ]  Radiation Treatments[ ]

Blood Transfusion[ ]  Heart Attach/Failure[ ]  Recent Weightloss[ ]

Breathing Problems[ ]  Heart Murmur[ ]  Renal Dialysis[ ]

Bruise Easily[ ]  Heart Pacemaker[ ]  Rheumatic Fever[ ]

Cancer[ ]  Heart Trouble/Disease[ ]  Rheumatism[ ]

Chemotherapy[ ]  Hemophilia[ ]  Scarlet Fever[ ]

Chest Pains[ ]  Hepatitis A[ ]  Shingles[ ]

Cold Sores/Fever Blisters[ ]  Hepatitis B or C [ ]  Sickle Cell Disease[ ]

Congenital Heart Disorder[ ]  Herpes[ ]  Sinus Trouble[ ]

Convulsions[ ]  High Blood Pressure[ ]  Spina Bifidia[ ]

Cortisone Medicine[ ]  High Cholesterol[ ]  Stomach/Intestinal Disease[ ]

Diabetes[ ]  Hives or Rash[ ]  Stroke[ ]

Drug Addiction[ ]  Hypoglycemia[ ]  Swelling of Limbs[ ]

Easily Winded[ ]  Irregular Heartbeat[ ]  Thyroid Disease[ ]

Emphysema[ ]  Kidney Problems[ ]  Tonsilitis[ ]

Other Concerns: \_\_Click or tap here to enter text.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**Click or tap to enter a date.