

**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 Osteoporosis

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.