MEDICAL HISTORY

Have you ever had a serious head or neck injury? Yes No If yes, please explain: Are you taking any medications, pills, or drugs? Yes No No Have you ever take, or have you taken, Phen-Fen or Redux? Yes No Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates? Yes No Do you use tobacco? Yes No Do you use tobacco? Yes No Do you use controlled substances? Yes No Do you use controlled substances? Yes No No Do you use tobacco? Yes No No Do you use tobacco? Yes No No Do you use controlled substances? Yes No No Nursing? Yes No No Nursing? Yes No No Pergonut Trying to get pregnant? Yes No Taking oral contraceptives? Yes No Nursing? Yes No Nurs	PATIENT NAME		Birth Date	
Have you verb dae a few injury? Yes No I yes, please explain: Are you taking any medications, pills, or drugs? Yes No I yes, please explain: Are you taking any medications, pills, or drugs? Yes No Do you take, or have you taken, Phen Fen or Redux? Yes No Observed taken Fosams, Soniva, Actorion or any Yes No Observed taken Fosams, Soniva, Actorion or any Yes No Observed taken Fosams, Soniva, Actorion or any Yes No Observed taken Fosams, Soniva, Soni	have, or medication that you may be			
Are you allergic to any of the following? Aspirin Penicillin Codeine Local Anesthetics Acrylic Metal Latex Sulfa drugs Other If yes, please explain: Do you have, or have you had, any of the following? AlDS/HIV Positive Yes No No Haddicine Yes No Hapatitis A Yes No Hapatitis A Yes No Hapatitis B or C Yes No No Anaphylavis Yes No Drug Addiction Yes No Drug Addiction Yes No Hapatitis B or C Yes No No Hapatitis B or C Yes No No Hapatitis B or C Yes No Hapatitis B or C Yes No No Hapatitis B Or C Yes No No Hapatitis B Or C Yes No No Hapatitis B Or C Yes No No No	Have you ever been hospitalized or hat Have you ever had a serious Are you taking any medicat Do you take, or have you taken, I Have you ever taken Fosamax, Brother medications containing Are you Do you use com-Women: Are you	d a major operation? Yes No head or neck injury? Yes No head or neck injury? Yes No cions, pills, or drugs? Yes No Phen-Fen or Redux? Yes No poliva, Actonel or any yes bisphosphonates? Yes No poliva on a special diet? Yes No poliva you use tobacco? Yes No notrolled substances? Yes No	If yes, please explain: If yes, please explain: If yes, please explain:	
Aspirin Penicillin Codeine Local Anesthetics Acrylic Metal Latex Sulfa drugs			ceptives? Yes No Nursing	? () Yes () No
AIDS/HIV Positive	Aspirin Penicillin		tics Acrylic Meta	I Latex Sulfa drugs
To the best of my knowledge, the questions on this form have been accurately answered. I understand that providing incorrect information can be	AIDS/HIV Positive Yes No Alzheimer's Disease Yes No Anaphylaxis Yes No Anemia Yes No Angina Yes No Arthritis/Gout Yes No Artificial Heart Valve Yes No Artificial Joint Yes No Asthma Yes No Blood Disease Yes No Blood Transfusion Yes No Breathing Problem Yes No Cancer Yes No Chest Pains Yes No Cold Sores/Fever Blisters Yes No Conyulsions Yes No	Cortisone Medicine Yes N Diabetes Yes N Drug Addiction Yes N Easily Winded Yes N Emphysema Yes N Epilepsy or Seizures Yes N Excessive Bleeding Yes N Excessive Thirst Yes N Fainting Spells/Dizziness Yes N Frequent Cough Yes N Frequent Diarrhea Yes N Frequent Headaches Yes N Genital Herpes Yes N Glaucoma Yes N Heart Attack/Failure Yes N Heart Murmur Yes N Heart Pacemaker Yes N Heart Trouble/Disease	No	Recent Weight Loss Yes No Renal Dialysis Yes No Rheumatic Fever Yes No Rheumatism Yes No Scarlet Fever Yes No Singles Yes No Sickle Cell Disease Yes No Spina Bifida Yes No Stomach/Intestinal Disease Yes No Swelling of Limbs Yes No Thyroid Disease Yes No Tumors or Growths Ulcers Yes No Venereal Disease Yes No Yes No Yes Yes Yes No Yes
	Comments:			