HEALTH HISTORY FORM

NAME:			
	CONTRACTOR OF THE SECOND	COLUMN TO THE PARTY OF THE PART	

MEDICAL INFORMATION

						ALLERO	CIES:	Are you allergic to any o	of the f	ollowing? MARK IF	YES
				YES	NO			□ Penicillin □ (
Are you under a physicians care now?								☐ Latex ☐		cal Anesthetics	
If yes – Physician Name:											
Have you ever been hospitalized or had a major operation?						- Lancard Control					
If yes – Explain:						WOME			40	YES	NO
Have you ever had a serious head or neck injury?								ant or trying to get pregn low many weeks?			
Do you use tobacco?						Are you nursing?					
How many packs/cigarettes per day?						Are you taking oral contraceptives?					
List all symant modi	i-	ons, supplements, or cont	walla	d aubat	00000		300				
List all current medic	can	ons, supplements, of cont	.10116	u suosi	ances	you are us	ing				
Do way have an	har	various had anni af 41	C	ll arri				ablama? Charle if	VEC		
AIDS/HIV		ve you had, any of the		STATE OF THE PARTY		A DATE OF THE PROPERTY OF THE PARTY OF THE P	-				
		Chemotherapy		Freque				Kidney Problems		Stroke Thursday Disease	
Anemia		Chest Pains		A CONTRACTOR		daches		Liver Disease		Thyroid Disease	
Angina		Congenital Heart Disorder		Genita		es		Low Blood Pressure		Tuberculosis	
Arthritis/Gout		Convulsions		Glauco		/C-11		Lung Disease		Tumors or Growths	
Artificial Heart Valve		Diabetes				/Failure		Mitral Valve Prolapse		Ulcers	
Artificial Joint		Drug Addiction		Heart I				Psychiatric Care		Yellow Jaundice	
Asthma		Emphysema		Heart				Radiation Treatments		Other:	
Blood Disease		Epilepsy of Seizures				e/Disease		Rheumatic Fever		and the second second	
Blood Transfusion		Excessive Bleeding		100		B or C		Rheumatism			
Breathing Problem		Fainting Spells/Dizziness				Pressure eartbeat		Sinus Trouble Stomach Disease			
0				irreoi							
Cancer		Frequent Cough									
Cancer				TAL	INI	ORMA				VEC	NO
	*	Di		TAL YES	INI	ORMA	ATI	ON		YES	NO
Do your gums blee	d wh	D) nen you brush or floss?	EN'	TAL YES	INI NO	ORMA Do you l	ATI	ON r have had Apthous Ulce	ers (Car	nker Sores)?	
Do your gums blee	d wh	Di	EN'	TAL YES	INI NO	Do you l	nave o	ON r have had Apthous Ulce r have had Herpes infect	ers (Car	nker Sores)? □ old Sores)? □	0
Do your gums blee Are your teeth sens Is your mouth dry?	d wh	nen you brush or floss? to hot, cold, sweets, or pres	EN'	TAL YES	NO C	Do you b Do you b Do you b	nave o	ON r have had Apthous Ulce r have had Herpes infect licking, popping, or disco	ers (Car	nker Sores)? old Sores)? in the jaw?	0
Do your gums blee Are your teeth sens Is your mouth dry? Have you had any p	ed wh	nen you brush or floss? to hot, cold, sweets, or pres dontal (gum) treatments?	EN'	TAL YES	INI NO	Do you h Do you h Do you h Do you h	nave on ave chare	ON r have had Apthous Ulce r have had Herpes infect licking, popping, or disco	ers (Car ion (Co	nker Sores)? old Sores)? in the jaw?	0000
Do your gums blee Are your teeth sens Is your mouth dry? Have you had any p	ed when	nen you brush or floss? to hot, cold, sweets, or pres dontal (gum) treatments? odontic (braces) treatment?	EN	TAL YES	NO C	Do you h Do you h Do you h Do you h Do you g	nave on have of prind years	on r have had Apthous Ulce r have had Herpes infect licking, popping, or disco your teeth? ores or ulcers in your mo	ers (Car ion (Co	nker Sores)? old Sores)? in the jaw?	0 0 0 0 0
Do your gums blee Are your teeth sens Is your mouth dry? Have you had any p Have you ever had Are you having pro	ed whattive	nen you brush or floss? to hot, cold, sweets, or pres dontal (gum) treatments? odontic (braces) treatment? as with previous dental treatments	EN'	TAL YES	INI NO	Do you h	nave on have on have of grind y have so wear d	ON r have had Apthous Ulce r have had Herpes infect licking, popping, or disco	ers (Car ion (Co	nker Sores)? old Sores)? in the jaw?	0 0 0
Do your gums blee Are your teeth sens Is your mouth dry? Have you had any p Have you ever had Are you having pro	ed whattive	nen you brush or floss? to hot, cold, sweets, or pres dontal (gum) treatments? odontic (braces) treatment?	EN'	TAL YES	NO O	Do you h	nave on have on have of grind y have so wear d	r have had Apthous Ulcer have had Herpes infect licking, popping, or discovour teeth? ores or ulcers in your modentures or partials?	ers (Car ion (Co	nker Sores)? old Sores)? in the jaw?	0 0 0 0
Do your gums blee Are your teeth sens Is your mouth dry? Have you had any p Have you ever had Are you having pro	ed whattive	nen you brush or floss? to hot, cold, sweets, or pres dontal (gum) treatments? odontic (braces) treatment? as with previous dental treating dental pain or discomfort?	EN'	TAL YES	INI NO	Do you h	nave on have on have of have so wear do of las	r have had Apthous Ulcer have had Herpes infect licking, popping, or discovour teeth? ores or ulcers in your modentures or partials? t dental exam/x-rays:	ers (Car ion (Co	nker Sores)? old Sores)? in the jaw?	0 0 0 0
Do your gums blee Are your teeth sens Is your mouth dry? Have you had any p Have you ever had Are you having pro Are you currently h	ed whitive	nen you brush or floss? to hot, cold, sweets, or pres dontal (gum) treatments? odontic (braces) treatment? as with previous dental treating dental pain or discomfort?	EN'	TAL YES	INI NO	Do you h	nave on have on have of have so wear do of las	r have had Apthous Ulcer have had Herpes infect licking, popping, or discovour teeth? ores or ulcers in your modentures or partials? t dental exam/x-rays:	ers (Car ion (Co	nker Sores)? old Sores)? in the jaw?	0 0 0 0
Do your gums blee Are your teeth sens Is your mouth dry? Have you had any p Have you ever had Are you having pro Are you currently h	ed whitive	nen you brush or floss? to hot, cold, sweets, or pres dontal (gum) treatments? odontic (braces) treatment? as with previous dental treat g dental pain or discomfort?	EN'	TAL YES	INI NO	Do you h	nave on have on have of have so wear do of las	r have had Apthous Ulcer have had Herpes infect licking, popping, or discovour teeth? ores or ulcers in your modentures or partials? t dental exam/x-rays:	ers (Car ion (Co	nker Sores)? old Sores)? in the jaw?	0 0 0 0
Do your gums blee Are your teeth sens Is your mouth dry? Have you had any p Have you ever had Are you having pro Are you currently h	ed whitive	nen you brush or floss? to hot, cold, sweets, or pres dontal (gum) treatments? odontic (braces) treatment? as with previous dental treati g dental pain or discomfort?	EN'	TAL YES	INI	Do you h	nave of nave so wear do of las	r have had Apthous Ulcer have had Herpes infect licking, popping, or discovour teeth? ores or ulcers in your modentures or partials? t dental exam/x-rays:	ers (Car ion (Co	nker Sores)? old Sores)? in the jaw?	0 0 0 0 0
Do your gums blee Are your teeth sens Is your mouth dry? Have you had any p Have you ever had Are you having pro Are you currently h Comments: Both doctor and patie	ed whitive	nen you brush or floss? to hot, cold, sweets, or pres dontal (gum) treatments? odontic (braces) treatment? as with previous dental treati g dental pain or discomfort?	EN' sure?	TAL YES COMP	INI NO	Do you h Date	nave of nave so wear do of las	r have had Apthous Ulcer have had Herpes infect licking, popping, or discovour teeth? ores or ulcers in your modentures or partials? t dental exam/x-rays:	ers (Car cion (Co omfort outh?	nker Sores)? old Sores)? in the jaw?	
Do your gums blee Are your teeth sens Is your mouth dry? Have you had any p Have you ever had Are you having pro Are you currently h Comments: Both doctor and patie I certify that I read and	ed whitive	nen you brush or floss? to hot, cold, sweets, or pres dontal (gum) treatments? odontic (braces) treatment? as with previous dental treating dental pain or discomfort? re encouraged to discuss an erstand the above and that the	EN' ment's FOR	TAL YES COMP	INI NO O O O O O O O O O O O O O O O O O	Do you h Date ON BY DE	nave of nave so wear do of las	r have had Apthous Ulcer have had Herpes infect licking, popping, or discovour teeth? ores or ulcers in your modentures or partials? t dental exam/x-rays:	ers (Carion (Coomfort	nker Sores)?	alth
Do your gums blee Are your teeth sens Is your mouth dry? Have you had any p Have you ever had Are you having pro Are you currently h Comments: Both doctor and patie I certify that I read and history and that my den forth above have been a	ed whitive	nen you brush or floss? Ito hot, cold, sweets, or pres dontal (gum) treatments? odontic (braces) treatment? as with previous dental treating dental pain or discomfort? The encouraged to discuss an erstand the above and that the and his/her staff will rely on ered to my satisfaction. I wi	EN' ment's for ment's this i	TAL YES COMP	INI NO Compared to the second	Do you h Date ON BY DE	nave of have so wear do of lass ENTIS treation is a de. I ach her mo	r have had Apthous Ulcer have had Herpes infect licking, popping, or discovour teeth? ores or ulcers in your modentures or partials? t dental exam/x-rays: T ment. ccurate. I understand the knowledge that my questember of his/her staff, re-	ers (Carion (Coomfort outh?	nker Sores)? old Sores)? in the jaw? classification database of a truthful here f any, about inquires	alth
Do your gums blee Are your teeth sens Is your mouth dry? Have you had any p Have you ever had Are you having pro Are you currently h Comments: Both doctor and patie I certify that I read and history and that my den forth above have been a take or do not because	nt an undo	nen you brush or floss? Ito hot, cold, sweets, or pres dontal (gum) treatments? odontic (braces) treatment? as with previous dental treating dental pain or discomfort? The encouraged to discuss an erstand the above and that the and his/her staff will rely on ered to my satisfaction. I without and his or or omissions that may here.	EN' ment's for ment's this i	TAL YES COMP	INI NO Compared to the second	Do you h Date ON BY DE	nave of have so wear do of lass ENTIS treation is a de. I ach her mo	r have had Apthous Ulce r have had Herpes infect licking, popping, or discovour teeth? ores or ulcers in your modentures or partials? t dental exam/x-rays: T ment. ccurate. I understand the knowledge that my questember of his/her staff, reform.	ers (Carion (Coomfort outh?	nker Sores)? old Sores)? in the jaw? classification database of a truthful here f any, about inquires	alth
Do your gums blee Are your teeth sens Is your mouth dry? Have you had any p Have you ever had Are you having pro Are you currently h Comments: Both doctor and patie I certify that I read and history and that my den forth above have been a	nt an undo	nen you brush or floss? Ito hot, cold, sweets, or pres dontal (gum) treatments? odontic (braces) treatment? as with previous dental treating dental pain or discomfort? The encouraged to discuss an erstand the above and that the and his/her staff will rely on ered to my satisfaction. I without and his or or omissions that may here.	EN' ment's for ment's this i	TAL YES COMP	INI NO Compared to the second	Do you h Date ON BY DE	nave of have so wear do of lass ENTIS treation is a de. I ach her mo	r have had Apthous Ulcer have had Herpes infect licking, popping, or discovour teeth? ores or ulcers in your modentures or partials? t dental exam/x-rays: T ment. ccurate. I understand the knowledge that my questember of his/her staff, re-	ers (Carion (Coomfort outh?	nker Sores)? old Sores)? in the jaw? classification database of a truthful here f any, about inquires	alth
Do your gums blee Are your teeth sens Is your mouth dry? Have you had any p Have you ever had Are you having pro Are you currently h Comments: Both doctor and patie I certify that I read and history and that my den forth above have been a take or do not because	nt an undo	nen you brush or floss? Ito hot, cold, sweets, or pres dontal (gum) treatments? odontic (braces) treatment? as with previous dental treating dental pain or discomfort? The encouraged to discuss an erstand the above and that the and his/her staff will rely on ered to my satisfaction. I without and his or or omissions that may here.	EN' ment's for ment's this i	TAL YES COMP	INI NO Compared to the second	Do you h Date ON BY DE	nave of have so wear do of lass ENTIS treation is a de. I ach her mo	r have had Apthous Ulce r have had Herpes infect licking, popping, or discovour teeth? ores or ulcers in your modentures or partials? t dental exam/x-rays: T ment. ccurate. I understand the knowledge that my questember of his/her staff, reform.	ers (Carion (Coomfort outh?	nker Sores)? old Sores)? in the jaw? classification database of a truthful here f any, about inquires	alth
Do your gums blee Are your teeth sens Is your mouth dry? Have you had any p Have you ever had Are you having pro Are you currently h Comments: Both doctor and patie I certify that I read and history and that my den forth above have been a take or do not because of Signature of Patient/I	nt an undo	nen you brush or floss? Ito hot, cold, sweets, or pres dontal (gum) treatments? odontic (braces) treatment? as with previous dental treating dental pain or discomfort? The encouraged to discuss an erstand the above and that the and his/her staff will rely on ered to my satisfaction. I without and his or or omissions that may here.	EN' ment's for ment's this i	TAL YES COMP	INI NO CONTRACTOR OF THE PROPERTY OF THE PROP	Do you h Date ON BY DE	nave of nave of nave so wear do f las ENTIS treation is a cell in this for	r have had Apthous Ulce r have had Herpes infect licking, popping, or discovour teeth? ores or ulcers in your modentures or partials? t dental exam/x-rays: T ment. ccurate. I understand the knowledge that my quest ember of his/her staff, reform. Date:	ers (Carion (Coomfort outh?	nker Sores)? old Sores)? in the jaw? classification database of a truthful here f any, about inquires	alth
Do your gums blee Are your teeth sens Is your mouth dry? Have you had any p Have you ever had Are you having pro Are you currently h Comments: Both doctor and patie I certify that I read and history and that my den forth above have been a take or do not because o Signature of Patient/I Signature of Doctor:	nt an undertist annswof er	nen you brush or floss? It to hot, cold, sweets, or pressolution (gum) treatments? In the document of the do	FOR and all this i ll not have r	COMP	t health a giver tion for y dent the con	Do you he Do you	nave on have on have of have so wear do of las treatments are. I achieve this for	r have had Apthous Ulcer have had Herpes infect licking, popping, or discovour teeth? ores or ulcers in your modentures or partials? t dental exam/x-rays: T ment. ccurate. I understand the knowledge that my quest ember of his/her staff, reform. Date: Date:	ers (Carion (Coomfort outh?	tance of a truthful her fany, about inquires ole for any action the	alth
Do your gums blee Are your teeth sens Is your mouth dry? Have you had any p Have you ever had Are you having pro Are you currently h Comments: Both doctor and patie I certify that I read and history and that my den forth above have been a take or do not because of Signature of Patient/I Signature of Doctor: 1. Patient's Signature	ed whitive operior orthogonation of an undertist answer of er egal	nen you brush or floss? Ito hot, cold, sweets, or pres dontal (gum) treatments? odontic (braces) treatment? as with previous dental treating dental pain or discomfort? The encouraged to discuss an erstand the above and that the and his/her staff will rely on ered to my satisfaction. I without and his or or omissions that may here.	FOR and all this is ave r	COMP	INI NO CONTRACTOR OF THE PROPERTY OF THE PROP	Do you he Do you	nave of have of have so wear do f lass ENTIS treating is as as a lack her months for	r have had Apthous Ulce r have had Herpes infect licking, popping, or discovour teeth? ores or ulcers in your modentures or partials? t dental exam/x-rays: T ment. ccurate. I understand the knowledge that my quest ember of his/her staff, reform. Date:	ers (Carion (Coomfort outh?	nker Sores)? old Sores)? in the jaw? classification database of a truthful here f any, about inquires	alth