Medical Information

List Any Medications currently taking:

Please Check any that apply.

* ☐ Any reactions to novacaine or local anesthetic
☐ Allergy to Penicillin or Other Antibiotics/Medicine
☐ Allergy to Latex
☐ Antibiotics rec. prior to Medical or Dental Care
☐ Joint Replacement/Rods, Screws/Breast Implants
☐ Heart Defect or Murmur
☐ Heart Trouble, Attack, Angina
☐ Heart Surgery
☐ Rheumatic Heart Disease or Rheumatic Fever
☐ Low Blood Pressure
☐ High Blood Pressure
☐ Stroke
☐ Epilepsy
☐ Lung or Breathing Problems
☐ Tuberculosis
☐ Asthma
☐ Kidney Trouble
☐ Hepatitis, Jaundice or Liver Disease
☐ AIDS or HIV Infection
☐ Veneral Disease
☐ Arthritis
☐ Diabetes
☐ Cancer
☐ Stomach Problems
☐ Other Pertinent Health Issues
☐ None known

Notes:

Name and phone number of medical doctors:

*

List Any Operations:

Person to contact in case of an emergency.

*

Phone numbers:

*

Females Only

Are you pregnant or think you may be pregnant?

◯ Yes ◯ No

Are you nursing?

◯ Yes ◯ No

Are you taking birth control pills?

◯ Yes ◯ No

1st entered Staff Initials

Updated Staff Intials/Date

Response Date: