Chrystal T. Rooks DDS, PA
ROOKS DENTISTRY

303 East Broadway St., Pink Hill, NC 28572
252-568-3711 Tel • 252-568-3129 Fax

ADULT/CHILD MEDICAL HISTORY

Name _____ Birthdate _____ Today's Date _____

Medical Doctor's Name _____ Doctor's Telephone # _____

Are you under a physician's care presently? ☐ Yes ☐ No Reason _____

Have you been hospitalized for any surgical operations or serious illness within the last 5 years? ☐ Yes ☐ No

If yes, please explain _____

Is there any additional information that we should know about your health?

_____

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING? PLEASE CHECK ALL THAT APPLY

Yes/No

- ☐ ☐ High Blood Pressure
- ☐ ☐ Other Heart Problems (Heart Disease)
- ☐ ☐ Mitral Valve Prolapse
- ☐ ☐ Joint Replacement Type: _____ Date _____
- ☐ ☐ Liver Disease
- ☐ ☐ Lung Disease
- ☐ ☐ Sinus Problems/Hay Fever
- ☐ ☐ Diabetes Type I ☐ Type II ☐
- ☐ ☐ AIDS HIV infection Sexually Transmitted Disease
- ☐ ☐ Malignancies
- ☐ ☐ Bleeding Problems, Aspirin/Coumadin Therapy
- ☐ ☐ Stroke
- ☐ ☐ Fainting/Convulsions/Epilepsy
- ☐ ☐ ADHD, ADD
- ☐ ☐ Pacemaker

Yes/No

- ☐ ☐ Heart Attack, Heart Bypass Surgery/Year _____
- ☐ ☐ Rheumatic Fever
- ☐ ☐ Heart Murmur
- ☐ ☐ Hepatitis
- ☐ ☐ Tuberculosis
- ☐ ☐ Asthma
- ☐ ☐ Thyroid Disease
- ☐ ☐ Kidney Disease
- ☐ ☐ Glaucoma
- ☐ ☐ Radiation /Chemotherapy Treatment
- ☐ ☐ Anemia: Sickle Cell/Pernicious/Blood Disorders
- ☐ ☐ Ulcers
- ☐ ☐ Steroids
- ☐ ☐ Cholesterol
- ☐ ☐ Other _____

PLEASE LIST ALL MEDICATIONS YOU ARE TAKING INCLUDING NON-PRESCRIPTION DRUGS HERE

_____ _____

_____ _____

_____ _____

ARE YOU ALLERGIC TO THE FOLLOWING?

Yes/No

- ☐ ☐ Local Anesthetics (e.g. Novocaine)
- ☐ ☐ Penicillin or other antibiotics
- ☐ ☐ Sulfa Drugs
- ☐ ☐ Aspirin
- ☐ ☐ Codeine
- ☐ ☐ Latex
- ☐ ☐ Other _____

WOMEN ONLY: CHECK ALL THAT APPLY

Yes/No

- ☐ ☐ Pregnant
- ☐ ☐ Nursing
- ☐ ☐ Taking birth control