BLUE RIDGE DENTAL

MEDICAL HISTORY

PATIENTS NAME:_____

DATE OF BIRTH:_____

NAME OF YOUR MEDICAL DOCTOR(S): _____

_____

PRIMARY PHYSICIAN'S LOCATION:_____

DATE & REASON FOR LAST MEDICAL VISIT:_____

HAVE YOU EVER TAKEN **BISPHOSPHONATES** (BONIVA, FOSAMAX, ACTONEL, ETC.?) YES NO

CAN YOU TAKE **IBUPROPHEN**? YES NO /**PENICILLIN**? YES NO **/ TYLENOL**? YES NO (PLEASE **CIRCLE**)

CAN YOU TAKE **ASPIRIN**? YES NO / **NARCOTICS** (EXAMPLE: VICODIN)? YES NO (PLEASE **CIRCLE**)

LIST ALL PRESCRIPTION AND NON-PRESCRIPTION DRUGS YOU NOW TAKE AND HAVE TAKEN IN THE PAST 2 YEARS, INCLUDING BIRTH CONTROL PILLS_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

ARE YOU **ALLERGIC** TO ANY **MEDICATIONS**? YES NO (PLEASE **CIRCLE**)

LIST ALL ALLERGIES_____

_____

LIST EVERY DATE OF **HOSPITALIZATION** AND REASON_____

_____

_____

_____

_____

(CONTINUED)

BLUE RIDGE DENTAL

MEDICAL HISTORY (CONTINUED)

CIRCLE ITEMS BELOW THAT RELATE TO YOU NOW OR IN THE PAST

ANGINA PECTORIS
HEART DISEASE OR ATTACK
HEART FAILURE
HISTORY OF BACTERIAL ENDOCARDITIS (SBE)
CONGENITAL HEART PROBLEM
ARTIFICIAL HEART VALVE
HEART PACEMAKER
HEART SURGERY
ARTIFICIAL JOINT
ANEMIA
STROKE
KIDNEY DISEASE
ULCERS
EMPHYSEMA
HIGH BLOOD PRESSURE
COLD SORES OR FEVER BLISTERS
ASTHMA
HAY FEVER
SINUS TROUBLE
PREGNANCY
TB
ORGAN TRANSPLANT

DIABETES
THYROID
CANCER TREATMENT
ARTHRITIS
RHEUMATISM
GLAUCOMA
CORTISONE
PAIN IN JAW MUSCLE/JOINT
AIDS
HEPATITIS
LIVER DISEASE
BLOOD TRANSFUSION
DRUG ADDICTION
ALCOHOL ADDICTION
TOBACCO (SMOKE,CHEW, OR DIP)
SOFT DRINKS (REGULAR OR DIET)
PSYCHIATRIC CARE
SYPHILLIS, HERPES
BLEEDING (ANY REASON)
SEIZURES-FAINTING
OSTEOPOROSIS

DO YOU HAVE ANY **DISEASE**, **CONDITION**, **PROBLEM** NOT LISTED?_____
_____
_____
_____

TO THE BEST OF MY KNOWLEDGE, ALL ABOVE ANSWERS ARE CORRECT. I WILL INFORM THIS OFFICE OF ANY CHANGES IN MY HEALTH.

SIGNATURE:_____DATE:_____

I have reviewed and updated my medical history:

SIGNATURE:_____DATE:_____
SIGNATURE:_____DATE:_____
SIGNATURE:_____DATE:_____
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