PATIENT HEALTH RECORD

Patient's Name _____

1. Date of birth _____
2. Are you now under the care of a medical doctor? ☐ Yes ☐ No
   Nature of treatment _____
3. Your medical doctor's name _____ Phone # _____
4. Have you been hospitalized within the past five years? ☐ Yes ☐ No
   Reason _____
5. Do you have or have you had any of the following? (please circle)
   a. Rheumatic fever
   b. Congenital heart disease
   c. Cardiovascular disease: heart attack, irregular heart beat, coronary insufficiency, high blood pressure, arteriosclerosis, stroke, coronary by-pass, angina prosthetic valve, stent, pacemaker
   d. Allergy: Local anesthetics, penicillin, erythromycin, amoxicillin, tetracycline, sulfa, clindamycin, sedatives, codeine, latex _____
   e. Asthma, hay fever, sinus trouble
   f. Hives or skin rash
   g. Venereal disease
   h. Diabetes
   i. Hepatitis, jaundice or liver disease
   j. Thyroid condition
   k. Stomach ulcers
   l. Kidney trouble
   m. Tuberculosis, lung disease
   n. Fainting spells or seizures
   o. Psychiatric treatment
   p. Acquired immune deficiency syndrome (HIV positive)
   q. Joint prosthesis (hip, knee, etc.) Date _____
   r. Heart murmur or mitral valve prolapse
6. Are you taking bisphosphonate medications, i.e. Fosamax, Actonel, Boniva, Zometa, Reclast? Date of Last Dose: _____ ☐ Yes ☐ No
7. Are you required to take antibiotics before dental treatment for any medical reason? Reason _____ ☐ Yes ☐ No
8. Have you had any abnormal bleeding associated with previous extractions, surgery or trauma? ☐ Yes ☐ No
9. Please list all current medications; including aspirin, herbal or blood-thinning medications _____
   _____
   _____
10. Pharmacy Phone # _____
11. Were you prescribed any medications by your dentist for your present dental problem? If so, please list. _____
12. (Women) Are you pregnant? ☐ Yes ☐ No
13. (Women) Are you using a prescribed method of birth control? ☐ Yes ☐ No
14. Do you have any disease, condition or problem not listed above? ☐ Yes ☐ No
    _____

Date _____ Signature _____

ENDODONTIC SPECIALISTS, P.A.