

HEALTH HISTORY
| DOB:

Summary

Medical Conditions	Pregnant/planning, Pre-med with Antibiotics, Alcohol use, Tobacco use, Coronary Artery Disease (CAD), Heart Arrhythmias, Heart Failure, Heart Attack, Heart Valve Disease, Pericardial Disease, Cardiomyopathy (Heart Muscle Disease), Congenital Heart Disease, Peripheral artery disease, Stroke, High Blood Pressure, Low Blood Pressure, Heart trouble/disease, Artificial Heart Valve, Gastroesophageal reflux disease, Irritable bowel syndrome, Stomach/Peptic Ulcers, Gallstones, Lactose Intolerance, Diverticulitis, Inflammatory Bowel Disease (IBD), Celiac Disease, Constipation, ALS, Arteriovenous Malformation, Brain Aneurysm, Brain Tumors, Epilepsy, Seizures, Stroke, Migraines/severe headaches, Memory Disorders, Parkinson's Disease, Alzheimer's or Dementia, Asthma, Chronic obstructive pulmonary disease (COPD), Chronic bronchitis, Emphysema, Pneumonia, Cystic fibrosis, Pulmonary edema, Lung cancer, Acute respiratory distress syndrome (ARDS), Tuberculosis, Arthritis, Systemic lupus erythematosus, Inflammatory Bowel Disease (IBD), Multiple sclerosis (MS), Diabetes, Psoriasis, Graves' disease, Hashimoto's thyroiditis, Myasthenia gravis, Vasculitis, Head or neck injuries, Artificial Joint, Cancer, HIV / AIDS, Osteoporosis / osteopenia, Diabetes, Psychiatric treatment, Anaphylaxis, Glaucoma, Jaundice, Hormone imbalance or deficiency, Cold sores, Hives / skin rash / hay fever, HPV, Hepatitis
Allergies	Aspirin, Ibuprofen, Acetaminophen, Codeine, Penicillin, Erythromycin, Tetracycline, Acrylic, Sulfa, Local anesthetic, Fluoride, Metals, Iodine, Barbiturates or sedatives, Latex
Medications	Acetaminophen, Aspirin, Codeine, Demerol (Meperidine), Hydrocodone (Vicodin/Lortan/Norco), Ibuprofen, Percocet (Oxycodone), Ultram (Tramadol), Adderall, Cymbalta (Duloxetine), Neurontin (Gabapentin), Xanax (Alprazolam), Ambien (Zolpidem), Effexor (Venlafaxine), Oleptro (Trazodone), Wellbutrin (Bupropion), Celexa (Citalopram), Lexapro (Escitalopram), Prozac (Fluoxetine), Zoloft (Sertraline), Avapro (Irbesartan), Crestor (Rosuvastatin), Lipitor (Atorvastatin Calcium), Metformin (Glucophage), Plavix (Clopidogrel), Tenormin (Atenolol), Zestoretic (Lisinopril), Coreg (Carvedilol), Klor-Con (Potassium Chloride), Lopressor (Metoprolol), Microzide (Hydrochlorothiazide), Pravachol (Pravastatin), Toprol XL (Metoprolol), Zocor (Simvastatin), Coumadin (Warfarin), Lasix (Furosemide), Losartan (Cozaar), Norvasc (Amlodipine), Prinivil (Lisinopril), Tricor (Fenofibrate), Allegra (Fexofenadine), Claritin, Alavert (Loratadine), Flonase (Fluticasone), Singulair (Montelukast), Zyrtec (Cetirizine), Ventolin (Albuterol Inhaler), Tavist (Clemastine), Benadryl (Diphenhydramine), Astelin (Azelastine), Clarinex, Azithromycin, Amoxicillin, Clindamycin, Cephalexin, Ciprofloxacin, Doxycycline, Tetracycline, Levofloxacin, Metronidazole, Are you currently taking any other medications, Are you currently taking any other dietary supplements

General Health Information

Are you currently under the care of a physician?	YES
Physician phone number	
Are you presently being treated for any injury or illness?	YES ⚠
In the last 5 years, been hospitalized for an injury or illness?	YES ⚠
Are you pregnant or planning to become pregnant?	YES ⚠

Are you required to pre-med with antibiotics before dental treatment?	YES ⚠
Do you use alcohol?	YES ⚠
Do you use or have you ever smoked, vaped or used chewing tobacco?	YES ⚠
Have you ever had an allergic reaction?	YES (Aspirin, Ibuprofen, Acetaminophen, Codeine, Penicillin, Erythromycin, Tetracycline, Acrylic, Sulfa, Local anesthetic, Fluoride, Metals, Iodine, Barbiturates or sedatives, Latex) ⚠

Medical Conditions

Please check all conditions that you have history of or are currently being treated for	
Do you have a history or are currently being treated for any Heart or Circulatory conditions?	YES (Coronary Artery Disease (CAD), Heart Arrhythmias, Heart Failure, Heart Attack, Heart Valve Disease, Pericardial Disease, Cardiomyopathy (Heart Muscle Disease), Congenital Heart Disease, Peripheral artery disease, Stroke, High Blood Pressure, Low Blood Pressure, Heart trouble/disease, Artificial Heart Valve) ⚠
Do you have a history or are currently being treated for any Digestive conditions?	YES (Gastroesophageal reflux disease, Irritable bowel syndrome, Stomach/Peptic Ulcers, Gallstones, Lactose Intolerance, Diverticulitis, Inflammatory Bowel Disease (IBD), Celiac Disease, Constipation) ⚠
Do you have a history or are currently being treated for any Neurological conditions?	YES (ALS, Arteriovenous Malformation, Brain Aneurysm, Brain Tumors, Epilepsy, Seizures, Stroke, Migraines/severe headaches, Memory Disorders, Parkinson's Disease, Alzheimer's or Dementia) ⚠
Do you have a history or are currently being treated for any Lung or Breathing conditions?	YES (Asthma, Chronic obstructive pulmonary disease (COPD), Chronic bronchitis, Emphysema, Pneumonia, Cystic fibrosis, Pulmonary edema, Lung cancer, Acute respiratory distress syndrome (ARDS), Tuberculosis) ⚠
Do you have a history or are currently being treated for any Autoimmune conditions?	YES (Arthritis, Systemic lupus erythematosus, Inflammatory Bowel Disease (IBD), Multiple sclerosis (MS), Diabetes, Psoriasis, Graves' disease, Hashimoto's thyroiditis, Myasthenia gravis, Vasculitis) ⚠

Head or neck injuries?	YES ⚠
Artificial Joint?	YES ⚠
History of cancer?	YES ⚠
HIV / AIDS?	YES ⚠
Osteoporosis / osteopenia?	YES ⚠
Type I or Type II diabetes?	YES ⚠
Any other medical condition we should know of?	YES (Psychiatric treatment, Anaphylaxis, Glaucoma, Jaundice, Hormone imbalance or deficiency, Cold sores, Hives / skin rash / hay fever, HPV, Hepatitis) ⚠

Medications

Please check all medications you are currently taking	
Are you taking any pain medications?	YES (Acetaminophen, Aspirin, Codeine, Demerol (Meperidine), Hydrocodone (Vicodin/Lortan/Norco), Ibuprofen, Percocet (Oxycodone), Ultram (Tramadol)) ⚠
Are you taking any Antidepressants or Anxiety medications?	YES (Adderall, Cymbalta (Duloxetine), Neurontin (Gabapentin), Xanax (Alprazolam), Ambien (Zolpidem), Effexor (Venlafaxine), Oleptro (Trazodone), Wellbutrin (Bupropion), Celexa (Citalopram), Lexapro (Escitalopram), Prozac (Fluoxetine), Zoloft (Sertraline)) ⚠
Are you taking any Diabetes, Cholesterol, or Blood Pressure medications?	YES (Avapro (Irbesartan), Crestor (Rosuvastatin), Lipitor (Atorvastatin Calcium), Metformin (Glucophage), Plavix (Clopidogrel), Tenormin (Atenolol), Zestoretic (Lisinopril), Coreg (Carvedilol), Klor-Con (Potassium Chloride), Lopressor (Metoprolol), Microzide (Hydrochlorothiazide), Pravachol (Pravastatin), Toprol XL (Metoprolol), Zocor (Simvastatin), Coumadin (Warfarin), Lasix (Furosemide), Losartan (Cozaar), Norvasc (Amlodipine), Prinivil (Lisinopril), Tricor (Fenofibrate)) ⚠

Are you taking any Allergy or Asthma medications?	YES (Allegra (Fexofenadine), Claritin, Alavert (Loratadine), Flonase (Fluticasone), Singulair (Montelukast), Zyrtec (Cetirizine), Ventolin (Albuterol Inhaler), Tavist (Clemastine), Benadryl (Diphenhydramine), Astelin (Azelastine), Clarinex) ⚠
Are you taking any Antibiotics?	YES (Azithromycin, Amoxicillin, Clindamycin, Cephalexin, Ciprofloxacin, Doxycycline, Tetracycline, Levofloxacin, Metronidazole) ⚠
Are you currently taking any other medications?	YES ⚠
Are you currently taking any other dietary supplements?	YES ⚠

Patient's signature:

Date:

Doctor's signature:

Date: