Address:  Today's Date:  Date of Last Visit: Date of Med. F  D	PATIENT MEDICAL HISTORY						
City State Zip:    Email:		<b>9</b> :					
Home Phone: Work Phone: Cell Phone: Birth Date: Social Security No.: Marital Status:  Primary Dental Guarantor: Home Phone: Work Phone: Cell Phone:  Secondary Dental Guarantor: Home Phone: Work Phone: Cell Phone:  Physician Name: Physician Phone:  Physician Name: Physician Phone:  For Office Use Only Medical Alerts:  Please answer the following: Please answer the following:  Y N   Are you taking Birth Control Pills?   Only on work or use tobacco? Prof Office Use Only BP   Heart Rate: Weight: Prof Office Use Only BP   Heart Rate: Prof Office Use O	Address:			Today's Date:	Date of Last Visi	it: Date of Med. History	
Home Phone: Work Phone: Cell Phone: Birth Date: Social Security No.: Marital Status:    Primary Dental Guarantor:							
Primary Dental Guarantor:  Home Phone: Work Phone: Cell Phone:  Secondary Dental Guarantor:  Home Phone: Work Phone: Cell Phone:  Physician Name:  Physician Phone:  Pharmacy:  Pharmacy Phone:  For Office Use Only  Medical Alerts:    Alergies	Dity State ∠ıp	):		Email:			
Primary Dental Guarantor:  Home Phone: Work Phone: Cell Phone:  Secondary Dental Guarantor:  Home Phone: Work Phone: Cell Phone:  Physician Name:  Physician Phone:  Pharmacy:  Pharmacy Phone:  For Office Use Only  Medical Alerts:    Alergies	Homo Phone:	Mark Dhong	Call Phone:	Dirth Data	Social Security No.	- Marital Status	
Sex:	TOINE FIIGHT.	WOIR FIIOIIG.	Cell Flione.	Diftii Date.	Social Security No	Wallar Status.	
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Physician Name:  Pharmacy:  Pharmacy:  Pharmacy Phone:    For Office Use Only   Medical Alerts:							
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For Office Use Only  Medical Alerts:    If female please answer the following:	Physician Nan	ne:		Physician Phone	e:		
For Office Use Only  Medical Alerts:    If female please answer the following:							
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Medical Alerts:	~ 11						
Sex:							
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Y N	Sex: If	female please answer the foll	owing:	Please answ	er the following:		
Are you pregnant? If Yes, # of weeks	)	Y N		YN		Height:	
Are you nursing?   BP   Heart Rate:   Weight:				·		)?	
Y N Conditions       Y N Conditions         Abnormal Bleeding       Heart Attack       Total Joint Replacement         Alcohol Abuse       Heart Surgery       Tuberculosis         Allergies       Hemophilia       Ulcers         Anemia       Hepatitis A       Heart Murmur         Angina Pectoris       Hepatitis B       Hepatitis C         Arthritis       Hepatitis C       High Blood Pressure         Artificial Bones       High Blood Pressure         Asthma       Liver Disease       Y N Allergies         Cancer- Chemotherapy       Low Blood Pressure       Aspirin         Congenital Heart Defect       Mitral Valve Prolapse       Codeine         Diabetes       Pace Maker       Dental Anesthetics         Difficulty Breathing       Pain In Jaw Joints       Erythromycin         Drug Abuse       Pneumocystitis       Jewelry         Emphysema       Psychiatric Problems       Latex	_	_ , , ,	II tes, # OI weeks			Weight:	
☐ Abnormal Bleeding         ☐ Heart Attack         ☐ Total Joint Replacement           ☐ Alcohol Abuse         ☐ Heart Surgery         ☐ Tuberculosis           ☐ Allergies         ☐ Hemophilia         ☐ Ulcers           ☐ Anemia         ☐ Hepatitis A         ☐ Heart Murmur           ☐ Angina Pectoris         ☐ Hepatitis B         ☐ Heart Murmur           ☐ Arthirtis         ☐ Hepatitis C         ☐ ☐           ☐ Arthificial Bones         ☐ High Blood Pressure           ☐ Asthma         ☐ Liver Disease         Y N Allergies           ☐ Cancer- Chemotherapy         ☐ Low Blood Pressure         ☐ Aspirin           ☐ Congenital Heart Defect         ☐ Mitral Valve Prolapse         ☐ Codeine           ☐ Diabetes         ☐ Pace Maker         ☐ Dental Anesthetics           ☐ Difficulty Breathing         ☐ Pain In Jaw Joints         ☐ Erythromycin           ☐ Drug Abuse         ☐ Pneumocystitis         ☐ Jewelry           ☐ Drug Abuse         ☐ Preumocystitis         ☐ Jewelry           ☐ Latex							
☐ Alcohol Abuse         ☐ Heart Surgery         ☐ Tuberculosis           ☐ Allergies         ☐ Hemophilia         ☐ Ulcers           ☐ Anemia         ☐ Hepatitis A         ☐ Heart Murmur           ☐ Angina Pectoris         ☐ Hepatitis B         ☐ Heart Murmur           ☐ Arthritis         ☐ Hepatitis C         ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐							
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☐ Arthritis ☐ Hepatitis C   ☐ Artificial Bones ☐ High Blood Pressure   ☐ Artificial Heart Valve ☐ Kidney Problems   ☐ Asthma ☐ Liver Disease   ☐ Cancer- Chemotherapy ☐ Low Blood Pressure   ☐ Congenital Heart Defect ☐ Mitral Valve Prolapse   ☐ Diabetes ☐ Pace Maker   ☐ Difficulty Breathing ☐ Pain In Jaw Joints   ☐ Drug Abuse ☐ Pneumocystitis   ☐ Emphysema ☐ Psychiatric Problems						rmur	
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□       Diabetes       □       Pace Maker       □       Dental Anesthetics         □       Difficulty Breathing       □       Pain In Jaw Joints       □       Erythromycin         □       Drug Abuse       □       Pneumocystitis       □       Jewelry         □       Emphysema       □       Psychiatric Problems       □       Latex							
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│			Radiation Therag		☐ ☐ Metals		
☐ ☐ Fainting Spells ☐ ☐ Rheumatic Fever ☐ ☐ ☐ Penicillin	☐ ☐ Fair	nting Spells	☐ ☐ Rheumatic Feve	er			
☐ ☐ Fever Blisters ☐ ☐ Seizures ☐ ☐ Tetracycline						ne	
☐ ☐ Frequent Headaches ☐ ☐ Shingles ☐ Other			=		Other		
Glaucoma Sinus Problems ————————————————————————————————————							
☐         ☐         HIV+ AIDS         ☐         Stroke         ☐         ☐         Thyroid Problems         ☐ <td< td=""><td></td><td>+ AIDS</td><td>□ □ ⊃troke</td><td></td><td></td><td></td></td<>		+ AIDS	□ □ ⊃troke				

Medications:							
YN							
$\hfill \square$ Is there any disease, condition, or prob If yes, please describe below	lem that you think this office should know ab	out that is not covered above?					
Notes:							
Cimmohura	Data						
Signature:	Date:						