## **HEALTH HISTORY**

Are you had excessive bleeding requiring special treatment? Have you had any adverse drug reaction? Explain Do you smoke?  ARE YOU ALLERGIC TO: Local anesthetics (for example - novocaine or lidocaine)? Penicillin or other antibiotic? Sulfa drugs? Barbiturates, sedatives, sleeping pills? Codeline? Aspirin? Other drugs? If yes, please list Do you have any other allergies? HAVE YOU HAD ANY OF THE FOLLOWING CONDITIONS: Rheumatic Fever? Heart disease or heart murmur? Any heart prosthesis (pacemaker, heart valves)? Stroke? Diabetes? High or low blood pressure? Liver or kidney disorders (tuberculosis, asthma, hay fever)? Sinus problems? Arthritis? Arthritis? Arthritis? Arthritis? Arthritis? Arthritis Phievs or skin rash? Nervous disorders or psychiatric care? Epilepsy? Fainting spells or seizures? Stomach ulcers? Cancer? Alcoholism or drug addiction? Sexually transmitted diseases (Syphilis, Gonorrhea, Herpes)? AIDS or other immunosuppressive disorders? Have you ever had a blood transfusion? If so, when Do you have any disease, condition, or problem not listed above that we should know about? If yes, et also list the names of individuals you permit us to discuss your dental treatment:  WOMEN Are you taking birth control pills or other hormonal therapy?	?
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	-
Osteopenia or Osteoporosis?	

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Patient's Signature\_\_\_\_\_

\_\_\_Date\_\_\_\_

## **DENTAL HISTORY**

. 20	NO				
		Are you having any discomfort at this time?			
		•			
		Have they been replaced by: Fixed Bridge Der	nture ?		
		Any complications with extractions?			
		Any complications with extractions?, Swee Does food wedge between your teeth? Where?	ts ?		
		Does food wedge between your teeth? Where?			
		Do you have bleeding gums? When?	Where?		
		Do you grind or clench your teeth? When?	William The Control of the Control o		
		Do you get frequent headaches?			
		Do you have upper or lower back pain?			
		Do you have apper or lower back pain:  Do you have neck pain?			
		_ Do you have neek pain:	2		
		And point or ordered your core?			
		Any pain in or around your ears?	Mhara?		
		Are you aware or any swelling or lump in your mounts of	Where?		
		How often do you brush your teeth?	When?		
		Do you have any fear of dental treatment? If yes, expla			
<del></del>		Have you had any serious trouble associated with any previous treatment? If yes, explain			
		Is there anything you want to change about your smile? If yes, explain			
		Salvatore G. Sciascia, D.M.D.	Donald J. Tauber, D.D.S.		
		Jeffrey B. Tauber, D.M.D., P.A. • 29 Route 23 N • Hamburg, New J	Kimberly J. Tauber, D.M.D.		
		<b>Jeffrey B. Tauber, D.M.D., P.A.</b> • 29 Route 23 N • Hamburg, New J www.drstauberand	Kimberly J. Tauber, D.M.D. lersey 07419 • 973-827-2200 dsciascia.com		
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