

CONDITIONS

Y N

- Abnormal Bleeding
- Allergies
- Anemia
- Angina Pectoris
- Arthritis
- Artificial Heart Valve
- Asthma
- Blood Transfusion
- Cancer/Chemotherapy
- Colitis
- Congenital Heart Disease
- Diabetes
- Difficulty Breathing
- Drug Abuse
- Emphysema
- Epilepsy
- Fainting Spells
- Fever Blisters
- Frequent Headaches
- Glaucoma
- HIV+ AIDS
- Hay Fever
- Heart Attack
- Heart Murmur
- Heart Surgery
- Hemophilia
- Hepatitis A or B
- High Blood Pressure
- Joint Replacement
- Kidney Problems
- Liver Disease
- Low Blood Pressure
- Mitral Valve Prolapse
- Pace Maker
- Pneumocystitis
- Pre-Medicate
- Psychiatric Problems
- Radiation Therapy
- Rheumatic Fever
- Seizures
- Shingles
- Sickle Cell Disease
- Sinus Problems
- Stroke
- Taken Fen-Phen
- Thyroid Problems
- Tuberculosis
- Ulcers
- Venereal Disease
- Yellow Jaundice

ALLERGIES

Y N

- Aspirin
- Codeine
- Dental Anesthetics
- Erythromycin
- Jewelry
- Latex
- Metals
- Penicillin
- Tetracycline

Other (Please List...use back if necessary):

Do you Smoke or Use Tobacco?

- Yes No

Do you Pre-Medicate?

- Yes No

Do you take or have you ever taken biophosphonate or Fosomax?

- Yes No

If you are a Female:

Y N

- Do you take Birth Control?
- Are you Pregnant? Week # _____
- Are you Nursing?

Physician:

Physician Phone:

Date of Last Physical:

Last Blood Pressure Recording:

 **Emergency Contact Name & #:**

LATEX ALLERGIES

Do you have a history of multiple allergies?
 Yes No

Are you allergic to or unable to eat bananas, avocados, chestnuts, kiwis, tomatoes, potatoes or hazelnuts?
 Yes No

Do you have a history of surgery, especially several repeated procedures in childhood?
 Yes No

Do you have Spina Bifida?
 Yes No

Have you had repeat Urinary Catherization?
 Yes No

Can you blow up balloons?
 Yes No

Are you allergic to Penicillin?
 Yes No

TUBERCULOSIS

Do you have a heavy, persistent cough of 2-3 weeks, particularly one that brings up sputum or bloodied sputum?
 Yes No

Do you wake multiple times in the night to change clothes or bedding because they are saturated with perspiration?
 Yes No

MEDICATION (Please List...Use Back if Necessary):

ARE YOU HAPPY WITH YOUR SMILE? Yes No

My signature below indicates that the **above information is accurate**, that I have received and acknowledged the **Notice of Privacy Practices** and that I give permission to use this signature when processing insurance claims & **credit card transactions**.

Signature

Date