## **MEDICAL HISTORY QUESTIONNAIRE**

## **DIRECTIONS**

## IF YOUR ANSWER IS YES TO THE QUESTION, PUT A CIRCLE AROUND "YES" IF YOUR ANSWER IS NO TO THE QUESTION, PUT A CIRCLE AROUND "NO" ANSWER ALL QUESTIONS AND FILL IN BLANK SPACES WHERE INDICATED

ANSWERS TO THESE QUESTIONS ARE FOR OUR RECORDS ONLY AND ARE CONSIDERED CONFIDENTIAL

Are you in good health  Has there been any change in your general health within the past year  Pare you currently under the care of a physician?  YES  NO  YES  NO	Nervousness YES NO Epilepsy or seizures YES NO Radiation or chemotherapy YES NO Arthritis YES NO Stomach ulcers YES NO
as there been any change in our general health within the ast year YES NO ate of last physical examination re you currently under the care of a	Nervousness YES NO Epilepsy or seizures YES NO Radiation or chemotherapy YES NO Arthritis YES NO Stomach ulcers YES NO
as there been any change in ur general health within the st year  YES NO  ate of last physical examination re you currently under the care of a	Nervousness YES NO Epilepsy or seizures YES NO Radiation or chemotherapy YES NO Arthritis YES NO Stomach ulcers YES NO
as there been any change in ur general health within the st year  YES NO  ate of last physical examination re you currently under the care of a	Radiation or chemotherapy YES NO Arthritis YES NO Stomach ulcers YES NO
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ast year YES NO ate of last physical examination re you currently under the care of a	Arthritis YES NC Stomach ulcers YES NC
ate of last physical examination re you currently under the care of a	Stomach ulcers YES NO
re you currently under the care of a	
re you currently under the care of a	Are you <b>taking</b> any drug YES NC
hysician? YES NO	or medicine? If so, what?
yes, for what condition are you	Are you taking Aspirin, Vitamin E
eing treated?	or Ginkgo Biloba? YES NO
	Are you allergic to any medication or have you
	reacted adversely to any medication? If so, what it?
	Have you ever reacted adversely to:
	Local anesthetics (novocaine) YES NO
	Penicillin or other antibiotics YES NC
	Barbiturates, sedatives or
	sleeping pills YES NO
1 1 ' '11	Aspirin YES NO
ave you ever had any serious illness or	Sulfites YES NO
peration? YES NO What was the problem?	
hat was the problem?	Have you had any serious trouble associated wit
	previous dental treatment? YES NO
ave you had or do you have any of the following seases or conditions?	If so, explain
heumatic fever YES NO	WOMEN
ongenital heart lesions YES NO	WOMEN
- <b>6</b>	Are you pregnant? YES NO
ardiovascular disease,	ATE VOIL DIEUDADI / Y H NI !
ardiovascular disease, eart attack, coronary insufficiency	The you prognant:
ardiovascular disease, eart attack, coronary insufficiency	, , ,
ardiovascular disease, eart attack, coronary insufficiency gina pain, high blood pressure,	Do you have problems associated
eardiovascular disease, eart attack, coronary insufficiency agina pain, high blood pressure, roke  YES  NO	, , ,
ardiovascular disease, eart attack, coronary insufficiency egina pain, high blood pressure, roke YES NO ecemaker YES NO	Do you have problems associated
ardiovascular disease, eart attack, coronary insufficiency agina pain, high blood pressure, roke acemaker o you get pain in your chest	Do you have problems associated with your menstrual cycle? YES NO
ardiovascular disease, eart attack, coronary insufficiency egina pain, high blood pressure, roke coke comaker volumemaker volu	Do you have problems associated
ardiovascular disease, eart attack, coronary insufficiency agina pain, high blood pressure, roke YES NO acemaker YES NO o you get pain in your chest a exertion YES NO o your ankles swell YES NO	Do you have problems associated with your menstrual cycle? YES NO Signature of Patient
ardiovascular disease, eart attack, coronary insufficiency agina pain, high blood pressure, roke YES NO acemaker YES NO o you get pain in your chest a exertion YES NO o your ankles swell YES NO llergies or Hives YES NO	Do you have problems associated with your menstrual cycle? YES NO
ardiovascular disease, eart attack, coronary insufficiency ligina pain, high blood pressure, roke YES NO licemaker YES NO lo you get pain in your chest la exertion YES NO lo your ankles swell YES NO lilergies or Hives YES NO liabetes YES NO	Do you have problems associated with your menstrual cycle? YES NO Signature of Patient
ardiovascular disease, eart attack, coronary insufficiency ngina pain, high blood pressure, roke YES NO acemaker YES NO o you get pain in your chest n exertion YES NO o your ankles swell YES NO llergies or Hives YES NO	Do you have problems associated with your menstrual cycle? YES NO Signature of Patient