

Patient Name: _____ Today's Date: _____

Are you allergic to or have had an adverse reaction to any of the following medications? (Please circle)

Aspirin	Local Anesthetic	Erythromycin	Latex (gloves,
Nitrous Oxide	Codeine	Penicillin	balloons,etc)

Are you aware of being allergic to any other medications or substances? Yes ___ No ___

If yes, please list: _____

Please list current medications: _____

	Yes	No
Do you have any CURRENT HEALTH PROBLEMS?		
Are you under physician's care now? If yes, what?		
Have you ever taken Fen-Phen/Redux?		
Are you Pregnant?		
Do you use cigars/cigarettes, Pipe, or chewing tobacco? (Please circle which one)		
Have you ever used a Bisphosphonate medication? (Brand names include Fosamax, Actonel, Atelvia, Didronel, and Boniva)		
Have you had a stroke, TIA, or heart attack in the last year?		
Have you had any joint replacements in the last year?		
Have you had any surgeries in the last year? If yes, please specify:		

Please check **yes or **no** if you have had the following or presently have:**

	Yes	No		Yes	No		Yes	No
AIDS/HIV positive			Fainting			Psychiatric care		
Anaphylaxis			Food allergies			Rapid weight gain/loss		
Anemia			Glaucoma			Radiation treatment		
Arthritis			Headaches			Respiratory disease		
Artificial heart valves			Heart murmur			Rheumatic fever		
Artificial joints			Heart problems			Shingles		
Asthma						Shortness of breath		
Atopic			Hemophilia			Skin rash		
Back problems			Herpes			Spina bifida		
Blood disease			Hepatitis			Stroke		
Cancer			High blood pressure			Surgical implant		
Chemical dependency			Jaw pain			Swelling of feet/ankles		
Chemotherapy			Kidney disease or malfunction			Thyroid disease		
Circulatory problems			Liver disease			Tobacco habit		
Cortisone treatments			Material allergies (latex, wool, metal, chemicals)			Tonsillitis		
Cough			Mitral valve prolapse			Tuberculosis		
Covid-19			Nervous problems			Ulcer/colitis		
Diabetes			Pacemaker/heart surgery			Stomach upset		
Epilepsy			Loss of taste or smell					

Patient Signature: _____ Date: _____