

Patient Name: _____

List any medication you are currently taking, including over the counter medications:

Medication: _____	Dosage: _____
_____	_____
_____	_____
_____	_____

Do you now have or have you had any of the following conditions listed below?:

- | | | |
|------------------------------|---------------------|-----------------------|
| AIDS or HIV infection | Epilepsy / Seizures | Low Blood Pressure |
| Angina | Fainting Spells | Lung Disease |
| Artificial Joint/ Date _____ | Heart Attack | Mitral Valve Prolapse |
| Artificial Valve | Heart Disease | Palpitations |
| Asthma | Heart Murmur | Rheumatic Fever |
| Bleeding Problems | Hepatitis - A B C | Stroke |
| Chest Pains | High Blood Pressure | Tuberculosis |
| Diabetes | Liver Disease | Ulcers |

Other: _____

Due to any medical condition listed above, have you recently been advised to pre-medicate or take an antibiotic prior to your dental visits?:

YES NO

Have you been treated by a physician in the last five years?:

YES NO

Reason _____ When _____

Have you ever had excessive bleeding requiring special treatment?:

YES NO

Have you had a blood transfusion in the last 5 years?:

YES NO

ALLERGIES: Do you have an adverse reaction when taking:

Local Anesthetic	Aspirin	Penicillin	Other _____
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Do you have a pacemaker?:

YES NO

Do you have an allergy to latex?:

YES NO

For Women: Are you currently: Pregnant

YES NO Month _____

Nursing

YES NO

Taking Birth Control

YES NO

NOTE: Antibiotics can interfere with the effectiveness of birth control prescriptions. Contact your prescribing physician for instructions if taking a birth control prescription.

I certify that I have read and understand the above health history. I acknowledge that my questions about inquiries set forth have been answered to the best of my knowledge. I will not hold my endodontist or any member of this office responsible for any errors or omissions that I have made in the completion of this form.

Signature: _____

Date: ____/____/____

Patient / Guardian / Parent if patient is a minor