



**Health History**

Required to take antibiotics prior to dental treatment?

(joint or heart prophylaxis)    Yes    No

Latex Allergy                            Yes    No

Artificial Heart Valve                Yes    No

Artificial Joints                        Yes    No

Bleeding (plavix,coumadin)        Yes    No

Osteoporosis/bone medicine        Yes    No

Stroke/Heart Attack                 Yes    No

AIDS / HIV Positive                 Yes    No

Alcoholism                              Yes    No

Asthma                                  Yes    No

Cancer                                  Yes    No

Chemo Therapy                        Yes    No

Cortisone Treatment                 Yes    No

Diabetes                                 Yes    No

Hepatitis Type \_\_\_                    Yes    No

High Blood Pressure                 Yes    No

Kidney Disease                        Yes    No

Liver Disease                         Yes    No

Nervous Problems                    Yes    No

Radiation Treatment                 Yes    No

Shortness of Breath                 Yes    No

Swollen neck glands                 Yes    No

Tuberculosis                         Yes    No

Ulcer                                    Yes    No

Pregnant                                Yes    No

Nursing                                 Yes    No

**Current Medications**

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**Drug Allergies**

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**Other concerns**

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Initials \_\_\_\_\_