Joanna L. Davis D.D.S., M.S. and Brett M. Strong, D.D.S.

HEALTH HISTORY

What is your chief Complaint?____

What is your overall estimation of your general health?__________________________________

☐ Yes ☐ No Are you currently under a physician's care for any medical condition?

Physician's Name:____

☐ Yes ☐ No Are you allergic to any medications?_______________________________________

Do you have or have you ever had any of the following:

☐ Yes ☐ No Heart Disease	☐ Yes ☐ No Liver Problems/Juandice
☐ Yes ☐ No Heart Attack	☐ Yes ☐ No Hepatitis
☐ Yes ☐ No High Blood Pressure	☐ Yes ☐ No Thyroid Disease
☐ Yes ☐ No Heart Murmur	☐ Yes ☐ No Tuberculosis
☐ Yes ☐ No Rheumatic Fever	☐ Yes ☐ No Severe Headaches
☐ Yes ☐ No Mitral Valve Prolapse	☐ Yes ☐ No Seizures
☐ Yes ☐ No Shortness of Breath	☐ Yes ☐ No Stomach Ulcers
☐ Yes ☐ No Chest Pains	☐ Yes ☐ No Kidney Problems
☐ Yes ☐ No Hip or Joint Replacement	☐ Yes ☐ No Cancer
☐ Yes ☐ No Lung Problems/Asthma	☐ Yes ☐ No Radiation/Chemotherapy
☐ Yes ☐ No Sinus Problems	☐ Yes ☐ No Psychiatric Care
☐ Yes ☐ No Glaucoma	☐ Yes ☐ No Fainting Tendency
☐ Yes ☐ No Diabetes	☐ Yes ☐ No HIV/AIDS
☐ Yes ☐ No Anemia	☐ Yes ☐ No Latex/Rubber Allergy
☐ Yes ☐ No Bleeding Problems	☐ Yes ☐ No Treatment with Steroids
☐ Yes ☐ No Systemic Lupus	☐ Yes ☐ No Organ Transplant

☐ Yes ☐ No Do you have any other medical problems not listed above?_________________

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☐ Yes ☐ No Have you been Hospitalized within the past year? If so, what was the reason?____

Please list **ALL** medications you are taking at this time:__________________________________

____

☐ Yes ☐ No Are you taking birth control pills? If yes, please note the antibiotics may decrease the effectiveness of birth control pills.

☐ Yes ☐ No Women: Are you pregnant? If yes, how many weeks?___________________

☐ Yes ☐ No Women: Are you breast feeding?

☐ Yes ☐ No Are you taking bisphosphonates?

☐ Yes ☐ No Are you anxious about being here today?

☐ Yes ☐ No Have you previously had root canal treatment?

Signed:_______________________________________ Date:___________________________