

Step 1			
Medical History			
Are you in good health?	What is your height?	What is your weight?	Are you under the care of a physician?
Has a physician or previous dentist recommended that you take antibiotics prior to your dental treatment?	Have you had any illness, operation or been hospitalized in the past five years?	Have you ever had general anesthesia?	Have you, or a family member, had any unusual or serious reactions to general anesthesia?
Have you had or do you currently have...			
Rheumatic fever	High blood pressure	Low blood pressure	Mitral valve prolapse
Heart murmur	Chest pain/angina	Heart attack(s)	Irregular heart beat
Cardiac pacemaker	Heart surgery	Damaged heart valves	Pneumonia, Bronchitis or Chronic Cough
Chronic fatigue / night sweats	Trouble climbing 1-2 flights of stairs	Anemia	Asthma
Bleeding Tendency	Blood transfusion	Blood Disorder	Bruise easily
Eye disease / glaucoma	Jaundice / Liver disease	Hepatitis	Gallbladder trouble
Fainting spells	Convulsions / epilepsy	Stroke	Thyroid trouble
Diabetes	Low blood sugar	Are you on dialysis?	Kidney trouble
Mental health problems	Problems with immune system (possibly from med. / surg.)	Delay in healing	Hay fever / Sinus problems
Snoring	Sleep Apnea / CPAP	Respiratory problems	Tuberculosis
Emphysema	Do you smoke?	Do you use chewing tobacco?	A history of drug abuse
A history of alcohol abuse	Abnormal bleeding	Sexually transmitted disease	Contagious diseases
Infectious mononucleosis	Swollen Ankles	Arthritis / Joint disease	Prosthetic implant
Joint replacement	Osteoporosis / osteopenia	Osteonecrosis	Stomach ulcers
GI track issues/IBS/Collitis	Tumor or growth	Cancer / Radiation / Chemotherapy	Are you on a diet?
Contact lenses			
Medications/Allergies			
Are you taking any kind of medication, drug, pills?	Nerv pills		
Are you now taking:			
Nerve pills	Diet pills	Pain killers (including aspirin)	Tranquilizers
Muscle relaxers	Insulin	Stimulants	Antidepressants
Blood thinners (Coumadin, Aspirin)	Are you taking, or have you ever taken, any bone density meds. or bisphosphonates, such as Fosamax, Boniva, Actonel, IV Zometa, Reclast, Xgeva, Prolia, or Aredia within the past 12 years.	Please list any other medication(s) you are taking (including natural, herbal, or homeopathic products)	
Are you allergic or had a reaction to:			
Penicillin	Sodium pentothal, Valium, or other tranquilizers	Soy	Sulfa Drugs
Aspirin	Eggs/Yolk	Local anesthetic (numbing medication)	Codeine or other narcotics
Sulfites	Amoxicillin	Latex	Do you have any known allergies?
Please list any allergies other than drug allergies			

