

Adult Health History

PATIENT NAME _____ TELEPHONE _____

1. Are you having pain or discomfort at this time? _____ Yes/No
2. Do you feel nervous about having dental treatment? _____ Yes/No
3. Have you ever had a bad experience in a dental office? _____ Yes/No
4. Have you ever been under the care of a medical Doctor in the past 2 years? _____ Yes/No

Physician's name _____

Address _____

Phone No. _____

5. Are you currently taking any medication, drugs or pills? _____ Yes/No
6. Are you allergic or have you reacted adversely to any of the following medications? _____ Yes/No
 Aspirin Nitrous Oxide Valium Local Anesthetic
 Codeine Erythromycin Penicillin Other (List) _____
7. Have you ever been a patient in a hospital? _____ Yes/No

8. Circle any of the following that you have had or current have:

- | | | | |
|--|-------------------------------|--------------------------|---------------------------|
| Heart Failure | Congenital Heart Lesions | Sinus Trouble | Yellow Jaundice |
| Stroke | Scarlet Fever | Allergies or Hives | Blood Transfusion |
| Chemotherapy (Cancer, Leukemia) | Artificial Heart Valve | Thyroid Disease | Cold Sores |
| Hemophilia | Heart Pacemaker | Rheumatism | Fever Blisters |
| Heart Disease or Attack | Heart Surgery | Cortisone Medicine | Epilepsy or Seizures |
| Kidney Trouble | Artificial Joints (Hip, Knee) | Glaucoma | Fainting or Dizzy Spells |
| Arthritis | Ulcers | Pain in Jaw Joints | Nervousness |
| Venereal Disease (Syphilis, Gonorrhea) | Emphysema | AIDS | Psychiatric Treatment |
| Angina Pectoris | Cough Tuberculosis | Hepatitis A (infectious) | Bruise Easily |
| High Blood Pressure | (TB) | Hepatitis B (serum) | Anemia |
| Heart Murmur | Asthma | Liver Disease | X-Ray or Cobalt Treatment |
| Rheumatic Treatment | Hay Fever | | Drug Addiction |

9. Do you have any disease condition or problem not listed? _____ Yes/No

THE INFORMATION I HAVE JUST GIVEN IS TRUE.

Patient Name: _____ Date: _____

Guardian Signature: _____ Relationship to Patient: _____

MEDICAL UPDATE:

If information is still correct please sign and date here... Date ____ / ____ / ____ Signature: _____

If information is still correct please sign and date here... Date ____ / ____ / ____ Signature: _____

If information is still correct please sign and date here... Date ____ / ____ / ____ Signature: _____