MEDICAL HEALTH HISTORY

PATIENT NAME: _____ **DATE:** _____

PATIENT MEDICAL HISTORY

PHYSICIAN _____ OFFICE PHONE _____ DATE OF LAST EXAM _____

	YES	NO
Do you use tobacco?	☐	☐
Do you use alcohol? How much? _____	☐	☐
Have you used any illicit drugs? What Substance?_____ How recently?_____	☐	☐
Do you wear contact lenses?	☐	☐

Allergies

YES	NO		YES	NO	
☐	☐	Barbiturates	☐	☐	Penicillin
☐	☐	Aspirin	☐	☐	Other Antibiotics
☐	☐	Sedatives	☐	☐	Local Anesthetics
☐	☐	Iodine	☐	☐	Sulfa Drugs
☐	☐	Latex	☐	☐	Other _____

	YES	NO
Are you under medical treatment now? Explain _____	☐	☐
Have you had any surgeries or hospitalization in the past 5 years? Explain _____	☐	☐

For women only	YES	NO
Are you or might you be pregnant?	☐	☐
Are you nursing?	☐	☐
Are you taking birth control pills?	☐	☐

Medications

List any medications you are currently taking including any over-the-counter medications and herbals:

_____ _____

_____ _____

_____ _____

Do you have or have you had any of the following?

	YES	NO		YES	NO		YES	NO
High Blood Pressure	☐	☐	Heart Disease	☐	☐	Cold Sores	☐	☐
Heart Attack	☐	☐	Cardiac Pacemaker	☐	☐	Bisphosphonate Use	☐	☐
Rheumatic Fever	☐	☐	Abnormal bleeding	☐	☐	Stroke	☐	☐
Swollen Ankles	☐	☐	Angina	☐	☐	Hay Fever/Allergies	☐	☐
Fainting/Seizures	☐	☐	Frequently Tired	☐	☐	Tuberculosis	☐	☐
Asthma	☐	☐	Anemia	☐	☐	Radiation Therapy	☐	☐
Low Blood Pressure	☐	☐	Emphysema	☐	☐	Glaucoma	☐	☐
Epilepsy/Convulsions	☐	☐	Cancer	☐	☐	Recent Weight Loss	☐	☐
Leukemia	☐	☐	Arthritis	☐	☐	Liver Disease	☐	☐
Diabetes	☐	☐	Joint Replacement or Implant	☐	☐	Heart Trouble	☐	☐
Kidney Diseases	☐	☐	Hepatitis/Jaundice	☐	☐	Respiratory Problems	☐	☐
AIDS or HIV Infection	☐	☐	Sexually Transmitted Disease	☐	☐	Other_____	☐	☐
Thyroid Problem	☐	☐	Stomach Troubles/Ulcers	☐	☐			

COMMENTS _____

_____

I certify that I have read and understand the above information. To the best of my knowledge, the above questions have been accurately answered. I understand that providing incorrect information can be dangerous to my health.

SIGNATURE X_____

PATIENT, PARENT OR GUARDIAN DATE