# PATIENT MEDICAL HISTORY

*Please fill out as accurately as possible*

whitepinedental
COSMETIC, IMPLANT, AND FAMILY DENTISTRY

## PERSONAL INFORMATION

Are you under a physician's care now? ☐ Yes ☐ No If Yes _____

Have you ever been hospitalized or had a major operation? ☐ Yes ☐ No If Yes _____

Have you ever had a serious head or neck injury? ☐ Yes ☐ No If Yes _____

Do you take, or have you ever taken Phen-Phen or Redux? ☐ Yes ☐ No If Yes _____

Have you ever taken Fosamax, Boniva Actonel or any other medications containing biophosphonates? ☐ Yes ☐ No If Yes _____

Are you on a special diet? ☐ Yes ☐ No If Yes _____

Are you currently taking any medications? ☐ Yes ☐ No If Yes _____

***The following information is needed to accurately diagnose any condition and to give the highest possible standard of professional service.***

Do you have or have you ever had any of the following diseases or problems?

| | Yes | No | | Yes | No |
|---|---|---|---|---|---|
| Arthritis | ☐ | ☐ | Kidney Disease | ☐ | ☐ |
| Blood Disorder, anemia, problems clotting | ☐ | ☐ | Lung or breathing disorder, asthma, hay fever | ☐ | ☐ |
| Cancer/Tumors | ☐ | ☐ | Nervous Disorder | ☐ | ☐ |
| Congenital Heart Disorder, Heart Murmor | ☐ | ☐ | Rhumatic Fever/Scarlet Fever | ☐ | ☐ |
| Diabietes Type ____ | ☐ | ☐ | Seizures | ☐ | ☐ |
| Fainting spells | ☐ | ☐ | Sinus Trouble | ☐ | ☐ |
| Heart condition/high-low blood pressure | ☐ | ☐ | Tuberculosis | ☐ | ☐ |
| Hepatitis (A, B, C) Jaundice or liver disease | ☐ | ☐ | Ulcers | ☐ | ☐ |
| Hormone Disorder e.g. Thyriod disease | ☐ | ☐ | Smoke or chew tobacco | ☐ | ☐ |
| HIV Infection/AIDS | ☐ | ☐ | History of substance abuse | ☐ | ☐ |
| Joint Replacement | ☐ | ☐ | Are you pregnant? | ☐ | ☐ |

If you answered yes to any of the above, please explain in further details.

_____

Any other allergies or illnesses not listed above? _____

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