

IDAHO FALLS DENTAL GROUP

PATIENT HEALTH HISTORY UPDATE

Thank you in advance for keeping us informed of your medical history. We've tried to keep this update as abbreviated as possible. This information greatly helps us administer **safe** dental procedures.

Name _____ Date of Birth ____ / ____ / ____
Address: _____ City _____
State _____ Zip _____
Home phone _____ Cell phone _____ Work phone _____

(circle one)
Are you currently under medical treatment? yes no
Condition _____
Physician _____
Any allergies to local anesthetics, antibiotics, sulfa, latex, or other medications? List _____
_____ yes no

Have you had any serious illnesses or operations? List: _____ yes no

Any chronic medical conditions, i.e., diabetes, osteoporosis, arthritis, etc. ? List: _____ yes no

Are you currently taking medication (s)? yes no
List: _____

Do you have an artificial heart valve, congenital heart disease, or a joint prosthesis? yes no
Have you been told to pre-medicate prior to dental treatment? yes no
Are you taking or have you taken medication for osteoporosis, cancer? yes no
Are you taking blood thinners? yes no
List: _____
Women: are you pregnant? yes no
nursing? yes no
Taking birth control pills? yes no

Please circle all that apply, past or present:

Diseases: AIDS, venereal disease, hepatitis, tuberculosis, any communicable disease, cancer/tumor/chemotherapy, heart disease, liver disease, kidney disease, respiratory problems, stroke, epilepsy or seizures, thyroid disease, blood disease, diabetes, psychiatric care, chemical dependency, chronic fatigue syndrome, ulcer or digestive system problems.

Symptoms and treatment of diseases: Abnormal bleeding, high blood pressure, low blood pressure, artificial heart valve, artificial joint(s), circulatory problems, cortisone treatments, chronic fainting and dizziness, glaucoma, headaches, HIV positive, jaundice, jaw pain, pacemaker, radiation treatment, shortness of breath, sinus trouble, serious allergies.

Additional space for above questions: _____

Signature of responsible party _____ Date _____