

Health History Update

PATIENT'S FULL NAME _____ BIRTH DATE _____
NAME OF PHYSICIAN _____ PHONE # _____ DATE OF LAST EXAM _____

Have you been told by a physician that you need to be premedicated before dental work? YES NO
Are you taking Coumadin or any other anticoagulant (blood thinner)? YES NO
Are you taking Fosamax or any other biphosphonate medication? YES NO
Are you currently using tobacco products or have you used tobacco products in the past? YES NO
Are you taking any medications, drugs or pills including vitamins and supplements? YES NO
List: _____

ARE YOU ALLERGIC OR HAVE REACTED ADVERESLY TO ANY OF THE FOLLOWING: (Please Circle)

Amoxicillin	Nitrous Oxide	Valium	Local anesthetic
Aspirin	Erythromycin	Scopolamine	(Novocain or Xylocaine)
Codeine	Tetracycline	Penicillin	Other: _____
Demerol	Percocet	Other antibiotics	

CIRCLE ANY OF THE FOLLOWING WHICH YOU HAVE HAD OR HAVE AT THE PRESENT:

A.I.D.S	Drug Addiction	Liver Disease
Anemia	Emphysema	Pain in Jaw Joints
Angina Pectoris	Epilepsy or Seizures	Periodontal Treatment
Arthritis	Fainting or Dizzy Spells	Psychiatric Treatment or Mental Disorder
Artificial Heart Valve	Fever Blisters	Radiation Treatment
Artificial Joints (hips, knees)	Glaucoma	Sinus Trouble
Asthma	Heart Disease or Attack	Stroke
Blood Transfusion	Heart Pacemaker	Thyroid disease
Cancer	Hemophilia	Tuberculosis
Canker Sores	Hepatitis A (infectious)	
Contact Lenses	Hepatitis B (serum)	
Dental Implants	Hepatitis C	
Diabetes	High Blood Pressure	

FOR WOMEN ONLY:

Are you pregnant? YES NO If yes, what month? _____
Are you taking birth control pills? YES NO
(*Antibiotics may reduce the effectiveness of birth control pills.*)
Are you nursing? YES NO

I understand that the above information is confidential and certify that it is correct to the best of my knowledge.

PATIENT/PARENT OR GUARDIAN SIGNATURE _____ DATE: _____

Testing for HIV and Hepatitis

This is primarily for your information. The State of Virginia mandates, by law, that if a caregiver is exposed to your blood or body fluids, as may occur by needle stick, you must be tested for HIV and hepatitis viruses. If you are exposed to the blood/body fluids of the caregiver in a similar manner, he or she will be tested as well. After testing, you will be notified of the results and given the opportunity to ask questions. All results will be returned to you.

