The Office of Scott Edwards, D.D.S. and Julia Prince, D.D.S. and Adam Fitzhugh, D.D.S.

MEDICAL HISTORY

PATIENT NAME		Birth Date	
		outh, your mouth is a part of your entire errelationship with the dentistry you will	e body. Health problems that you may receive. Thank you for answering the
Have you ever been hospitalized or had Have you ever had a serious h Are you taking any medicati	nead or neck injury? Yes No nons, pills, or drugs? Yes No hen-Fen or Redux? Yes No niva, Actonel or any	If yes, please explain: If yes, please explain: If yes, please explain:	
D	u on a special diet? Yes No o you use tobacco? Yes No trolled substances? Yes No Yes No Taking oral contract		g? () Yes () No
Are you allergic to any of the following Aspirin Penicillin Other If yes, please explain:	? Codeine Local Anesthe	etics Acrylic Meta	al Latex Sulfa drugs
Do you have, or have you had, any of AIDS/HIV Positive Yes No AIzheimer's Disease Yes No Anaphylaxis Yes No Anaphylaxis Yes No Anaphylaxis Yes No Angina Yes No Artificial Heart Valve Yes No Artificial Joint Yes No Asthma Yes No Blood Disease Yes No Blood Transfusion Yes No Breathing Problem Yes No Bruise Easily Yes No Cancer Yes No Chemotherapy Yes No Congenital Heart Disorder Yes No Convulsions Yes No Have you ever had any serious illness	Cortisone Medicine Yes Note Diabetes Yes Note Drug Addiction Yes Note Easily Winded Yes Note Emphysema Yes Note Emphysema Yes Note Excessive Bleeding Yes Note Excessive Thirst Yes Note Frequent Cough Yes Note Frequent Diarrhea Yes Note Frequent Headaches Yes Note Genital Herpes Yes Note Glaucoma Yes Note Hay Fever Yes Note Heart Attack/Failure Yes Note Heart Murmur Yes Note Heart Pacemaker Yes Note Heart Trouble/Disease Yes Note	No Hepatitis A Yes No Hepatitis B or C Yes No Herpes Yes No Herpes Yes No High Blood Pressure Yes No High Cholesterol Yes No Hives or Rash Yes No Hypoglycemia Yes No Hregular Heartbeat Yes No Kidney Problems Yes No Leukemia Yes No Leukemia Yes No Low Blood Pressure Yes No Mo Lung Disease Yes No Mitral Valve Prolapse Yes No No No Pain in Jaw Joints Yes No No No Parathyroid Disease Yes No No No Parathyroid Disease Yes No No No Psychiatric Care Yes No No	Recent Weight Loss
Comments:			
		urately answered. I understand that properties of any changes in medic	
SIGNATURE OF PATIENT PARENT	or GUARDIAN		DATE