Anamis	Health Histor	У							
Have you ever used a bisphosphonate medication? Common brand names are Fosamax, Actonel, Atalvis, Distronel, Boriva.   Yes   No Have you ever used a bisphosphory of drugs collectively referred to as "re-pichen?" These include combinations of Ionimin, Adipex, Fastin (brand names of phenitermine), Pendimin (fentiuramine) and Redux (deventiuramine)   Yes   No No Positive of Transfer of Tran	Physician's Name					Data	of last visit		
Have you svertaken any of the group of drugs collectively referred to as "fen-phen?" These include combinations of lonimin, Adigex, Fastin (brand names of phenterinan). Power in (inclinate it) you have had any of the following:  AlbSHIV anank on yes" or "no" to inclicate it you have had any of the following:  AlbSHIV anank on yes" or "no" to inclicate it you have had any of the following:  Ansemia		phonate me	edication	2 Common brand names	are Fosamay Actone			□No	
AIDS/HIV	Have you ever taken any of the	group of d	drugs co	llectively referred to as "fe	en-phen?" These include			TANKS OF THE PARTY	nd
Anemia	Place a mark on "yes" or "no" to	o indicate if	f you ha	ve had any of the followin	g:				
Arthritis, Rheumatism						No Respirat	ory Disease	Yes	□ No
Artificial Joints	Anemia	Yes	☐ No	Fainting or dizziness	☐ Yes ☐ N	No Rheuma	tic Fever	Yes	□ No
Astitheal Joints	Arthritis, Rheumatism	☐ Yes	□ No	Glaucoma	☐ Yes ☐ N	No Scarlet F	ever	Yes	□ No
Asthma   \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Artificial Heart Valves	Yes	□ No	Headaches	☐ Yes ☐ N	No Shortnes	ss of Breath	Yes	□ No
Back Problems   Yes   No   Hepatitis Type   Yes   No   Special Diet   Yes   No   Shed   No   Shed   No   Shed   No   Shed   No   Shed   No   Shed   No   Stroke   Yes   No   Stroke   Yes   No   Stroke   Yes   No   Stroke   Yes   No   Shed   Shed   No   Shed   Shed	Artificial Joints	☐ Yes	□ No	Heart Murmur	☐ Yes ☐ N	No Sinus Tro	ouble	Yes	□ No
Bleeding abnormally, with extractions or surgery   Yes   No   High Blood Pressure   Yes   No   Siroke   Yes   No   Siroke   Yes   No   Swollen Reck Glands   Yes   No   Cancer   Yes   No   Jaur Pain   Yes   No   Yes   No   Thyrold Problems   Yes   No   Cancer   Yes   No   Yes   Yes   No   Yes   No   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Yes   Ye	Asthma	☐ Yes	□ No	Heart Problems	Yes N	No Skin Ras	sh	Yes	□ No
actractions or surgery   Yes   No	Back Problems	☐ Yes	☐ No	Hepatitis Type	Yes N	No Special I	Diet	Yes	□ No
Blood Disease	Bleeding abnormally, with			Herpes	☐ Yes ☐ N	No Stroke		Yes	□ No
Cancer	extractions or surgery	Yes	□ No	High Blood Pressure	Yes N	No Swollen	Feet or Ankles	Yes	□ No
Chemical Dependency   Yes   No   No   No   No   No   No   No   N	Blood Disease	☐ Yes	☐ No	Jaundice	☐ Yes ☐ N	No Swollen	Neck Glands	Yes	□No
Chemical Dependency	Cancer	Yes	□ No	Jaw Pain	☐ Yes ☐ N	No Thyroid I	Problems	□Yes	□No
Chemotherapy	Chemical Dependency	Yes	□ No	Kidney Disease	☐ Yes ☐ N				□No
Circulatory Problems	Chemotherapy	Yes	□ No						□No
Congenital Heart Lesions	Circulatory Problems	Yes	□ No	Low Blood Pressure					
Cortisone Treatments	Congenital Heart Lesions	Yes	□No	Mitral Valve Prolapse				Yes	□ No
Cough, persistent or bloody   Yes   No   Pacemaker   Yes   No   Pacemaker   Yes   No   Pacemaker   Yes   No   No   Pacemaker   Yes   No   No   Pacemaker   Yes   No   Pacemaker   Pacemaker   Yes   No   Pacemaker   Pacemaker   Yes   No   Pacemaker   Pacemake		Yes	□No			1 Heavy		Yes	□ No
Diabetes	Cough, persistent or bloody	Yes	□No	Pacemaker		1/	Disease	Yes	□ No
Emphysema				Psychiatric Care		14/-1-1-4-1	oss, unexplained	Yes	□No
Do you wear contact lenses?   Yes   No   No   Women:  Are you pregnant?   Yes   No   Due date   Are you nursing?   Yes   No   No   Indications   Allergies  List any medications you are currently taking and the correlating   Aspirin   Local Anesthetic   Barbiturates (Sleeping pills)   Penicillin   Codeline   Sulfa   Indine   Other      Pharmacy Name   Indine   Other   Date     Pharmacy Name   If so, what?   Date     Doctor's Signature   Date     Date   Date   Date     Date   Date   Date     Date   Date   Date     Date   Date   Date     Date   Date   Date     Date   Date   Date     Date   Date   Date     Date   Date   Date     Date   Date   Date     Date   Date   Date     Date   Date   Date     Date   Date   Date     Date   Date   Date     Date   Date   Date   Date     Date   Date   Date   Date     Date   Date   Date   Date   Date     Date   Date   Date   Date   Date     Date   Da	Emphysema								
Women: Are you pregnant?   Yes   No   Due date   Are you nursing?   Yes   No   Taking birth control pills?   Yes   No      Medications   Allergies									
Are you pregnant?   Yes   No   Due date		☐ 103 I							
Barbiturates (Sleeping pills)   Penicillin   Codeline   Sulfa   Indine   Other   Phone ( )   Latex   Date									
Barbiturates (Sleeping pills)  Penicillin  Codeine  Sulfa  Iodine  Other  Phone ( ) Latex  Updates (To be filled in at future appointments)  Has there been any change in your health since your last dental appointment? Yes  No  For what conditions?  Are you taking any new medications?  If so, what?  Patient's Signature  Date  Doctor's Signature  Date  Has there been any change in your health since your last dental appointment? Yes  No  For what conditions?  Are you taking any new medications?  If so, what?  Date  Patient's Signature  Date	Me	dicatio	ons			All	ergies		
Pharmacy Name   lodine   Other   Phone ()   Latex    Updates (To be filled in at future appointments)  Has there been any change in your health since your last dental appointment?   Yes   No  For what conditions?   If so, what?   Patient's Signature   Date   Doctor's Signature   Date    Has there been any change in your health since your last dental appointment?   Yes   No  For what conditions?   If so, what?   Patient's Signature   If so, what?   Patient's Signature   Date   Description Signature   Date   Date   Date   Description Signature   Date   Date   Date   Date   Date   Date   Date   Description Signature   Date	List any medications you are cu			the correlating	☐ Aspirin	All		etic	
Phone ()				the correlating			☐ Local Anesth	etic	
Updates (To be filled in at future appointments)  Has there been any change in your health since your last dental appointment? \  Yes \  No  For what conditions? \  If so, what? \  Patient's Signature \  Date \  Doctor's Signature \  Date \  For what conditions? \  If so, what? \  Date \  Doctor's Signature \  Date \  For what conditions? \  If so, what? \  Patient's Signature \  Date \  Date \  Doctor's Signature \  Date \  Date \  Doctor's Signature \  Date \  Date \  Doctor's Signature \  Date \  Date \  Date \  Date \  Doctor's Signature \  Date \	List any medications you are cu			the correlating	☐ Barbiturates (Sle		☐ Local Anesth	etic	
Has there been any change in your health since your last dental appointment? \  Yes \  No \  For what conditions? \  Are you taking any new medications? \  If so, what? \  Date \  Doctor's Signature \  Date	List any medications you are cu			the correlating	☐ Barbiturates (Sle		☐ Local Anesth☐ Penicillin☐ Sulfa	etic	
For what conditions? If so, what? Date Date Date Date Patient's Signature Date	List any medications you are cudiagnosis:			the correlating	☐ Barbiturates (Sle		☐ Local Anesth☐ Penicillin☐ Sulfa	etic	
Are you taking any new medications? If so, what?	List any medications you are cudiagnosis:  Pharmacy Name Phone ()	urrently takin	ing and t		☐ Barbiturates (Sle		☐ Local Anesth☐ Penicillin☐ Sulfa	etic	
Patient's Signature	List any medications you are cudiagnosis:  Pharmacy Name Phone ()  Updates (To be Has there been any change in	e filled in	ng and f	ture appointments)	☐ Barbiturates (Sle		☐ Local Anesth☐ Penicillin☐ Sulfa	etic	
Doctor's Signature	List any medications you are cudiagnosis:  Pharmacy Name Phone ()  Updates (To be that there been any change in For what conditions?	e filled in	ng and f	ture appointments)	☐ Barbiturates (Sle		☐ Local Anesth☐ Penicillin☐ Sulfa	etic	
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For what conditions? If so, what? Date Date	List any medications you are cudiagnosis:  Pharmacy Name Phone ()  Updates (To be Has there been any change in For what conditions?  Are you taking any new medical Patient's Signature	e filled in	ng and f	ture appointments)	☐ Barbiturates (Sle		☐ Local Anesth ☐ Penicillin ☐ Sulfa ☐ Other	etic	
For what conditions? If so, what? Date Date	List any medications you are cudiagnosis:  Pharmacy Name Phone ()  Updates (To be has there been any change in For what conditions?  Are you taking any new medical	e filled in	ng and f	ture appointments)	☐ Barbiturates (Sle		☐ Local Anesth ☐ Penicillin ☐ Sulfa ☐ Other  Date	etic	
Are you taking any new medications? If so, what?  Patient's Signature Date	List any medications you are cudiagnosis:  Pharmacy Name Phone ()  Updates (To be Has there been any change in For what conditions?  Are you taking any new medical Patient's Signature	e filled in	ng and f	ture appointments)	☐ Barbiturates (Sle		☐ Local Anesth ☐ Penicillin ☐ Sulfa ☐ Other  Date	etic	
Patient's Signature	List any medications you are cudiagnosis:  Pharmacy Name Phone ()  Updates (To be that there been any change in For what conditions? Are you taking any new medical Patient's Signature Doctor's Signature	e filled in your health	ng and f	our last dental appointme	☐ Barbiturates (Sie		☐ Local Anesth ☐ Penicillin ☐ Sulfa ☐ Other  Date	etic	
Destaria Signatura	List any medications you are cudiagnosis:  Pharmacy Name Phone ()  Updates (To be that there been any change in For what conditions? Are you taking any new medical Patient's Signature Doctor's Signature	e filled in your health	ng and f	our last dental appointme	☐ Barbiturates (Sie		☐ Local Anesth ☐ Penicillin ☐ Sulfa ☐ Other  Date	etic	
Doctor's Signature Date	List any medications you are cudiagnosis:  Pharmacy Name Phone ()  Updates (To be Has there been any change in For what conditions?  Are you taking any new medical Patient's Signature Doctor's Signature  Has there been any change in the For what conditions?	e filled in your health ations?	ng and f	our last dental appointme	☐ Barbiturates (Sie		☐ Local Anesth ☐ Penicillin ☐ Sulfa ☐ Other  Date	etic	
	List any medications you are cudiagnosis:  Pharmacy Name Phone ()  Updates (To be Has there been any change in For what conditions?  Are you taking any new medical Patient's Signature Doctor's Signature  Has there been any change in the For what conditions?	e filled in your health ations?	ng and f	our last dental appointme	☐ Barbiturates (Sie		□ Local Anesth □ Penicillin □ Sulfa □ Other  Date Date	etic	