

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Does your medical doctor require you to take antibiotics before dental procedures (for artificial joints, ports, or heart conditions) Yes No

Latex Allergy Yes No

Pregnant Yes No

Nursing Yes No

Artificial Heart Valve Yes No

Artificial Joints Yes No

Bleeding (plavix, coumadin) Yes No

Osteoporosis/Bone Medicine Yes No

Stroke or Heart Attack  
How long ago: \_\_\_\_\_ Yes No

Emphysema/Bronchitis Yes No

Asthma Yes No

Cancer Yes No

Head/Neck Radiation Yes No

Immunocompromised Yes No

High Blood Pressure Yes No

Diabetes Yes No

Kidney Disease Yes No

Liver Disease Yes No

Hepatitis Type \_\_\_\_\_ Yes No

HIV/AIDS Yes No

Tuberculosis Yes No

Alcoholism/Addiction Yes No

Dental Anxiety Yes No

## Current Medications:

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Are you able to take the following medicines:

Ibuprofen (Advil, Motrin) Yes No Not Sure

Narcotic Pain Medicine (Codeine, opioids) Yes No Not Sure

Steroids (Cortisone) Yes No Not Sure

## Drug Allergies:

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## Other Medical Problems/Concerns:

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