MEDICAL HISTORY

	eat the area in and around your mouth, yo aking, could have an important interrelatio		
Are you under a p Have you ever been hospitalized or ha Have you ever had a serious Are you taking any medica Do you take, or have you taken, Are y	ad a major operation? Yes No It head or neck injury? Yes No It head of the		Yes No
Other If yes, please explain:			
Do you have, or have you had, any of AIDS/HIV Positive Yes No Alzheimer's Disease Yes No Anaphylaxis Yes No Anemia Yes No Anthritis/Gout Yes No Artificial Heart Valve Yes No Artificial Joint Yes No Asthma Yes No Blood Disease Yes No Blood Disease Yes No Bruise Easily Yes No Bruise Easily Yes No Cancer Yes No Chemotherapy Yes No Congenital Heart Disorder Yes No Conyulsions Yes No Convulsions Yes No Convulsions Yes No Convulsions Yes No Convusions Yes No Convu	the following? Cortisone Medicine Yes No Diabetes Yes No Drug Addiction Yes No Easily Winded Yes No Emphysema Yes No Excessive Bleeding Yes No Excessive Thirst Yes No Frequent Cough Yes No Frequent Diarrhea Yes No Frequent Headaches Yes No Genital Herpes Yes No Glaucoma Yes No Heart Attack/Failure Yes No Heart Murmur Yes No Heart Trouble/Disease Yes No Heart State Trouble/Disease Yes No Heart Trouble/Disease Yes No Heart Trouble/Disease Yes No Heart State T	Hemophilia Yes No Hepatitis A Yes No Hepatitis B or C Yes No Herpes Yes No High Blood Pressure Yes No Hybegolycemia Yes No Irregular Heartbeat Yes No Leukemia Yes No Liver Disease Yes No Lung Disease Yes No Mitral Valve Prolapse Yes No Pain in Jaw Joints Yes No Parathyroid Disease Yes No Radiation Treatments Yes No Recent Weight Loss Yes No yes, please explain:	Renal Dialysis Yes No Rheumatic Fever Yes No Rheumatism Yes No Scarlet Fever Yes No Scarlet Fever Yes No Sinus Trouble Yes No Sinus Trouble Yes No Spina Bifida Yes No Stomach/Intestinal Disease Yes No Stroke Yes No Swelling of Limbs Yes No Thyroid Disease Yes No Tonsillitis Yes No Tuberculosis Yes No Tumors or Growths Yes No Venereal Disease Yes No Yellow Jaundice Yes No
Comments:			
	estions on this form have been accurately It is my responsibility to inform the denta	-	
SIGNATURE OF PATIENT, PAREN	T, or GUARDIAN		_ DATE