Health Questionnaire

Patient Name____ Date_____________

Physcian___________________________________Dentist________________________

Have you had or currently have any of the following:

Yes	No		Yes	No		Yes	No	
☐	☐	Recent Illness(within one year)	☐	☐	Heart Murmur	☐	☐	Stroke
☐	☐	Cough, Cold, flu (within 2 months)	☐	☐	Rheumatic Fever	☐	☐	Seizures or Epilepsy
☐	☐	Nose Obstruction	☐	☐	Scarlet Fever	☐	☐	Psychiatric Treatments
☐	☐	Shortness of Breath	☐	☐	Arthitis	☐	☐	Liver Disease/Jaundice
☐	☐	Lung Disease	☐	☐	Artificial Joints	☐	☐	Hepatitis
☐	☐	Asthma	☐	☐	Cortisone/ACTH	☐	☐	Stomach Ulcer
☐	☐	Emphysema/Bronchitis	☐	☐	High Blood Pressure	☐	☐	Diabetes
☐	☐	Chest Pain/Angina	☐	☐	Heart Surgery	☐	☐	Kidney Disease
☐	☐	Heart Attack	☐	☐	Anemia	☐	☐	Treatment of Tumor
☐	☐	Irregular heart beat	☐	☐	Pacemaker	☐	☐	Other Serious Illness

Yes No ... Yes No

Are you in good health?. . . . . . . ☐ ☐ Are there any changes in your general health in the last year?. ..☐ ☐

Last physical Exam____________________ Last EKG_________________________________

Are you pregnant?. . . . . ☐ ☐

Have you ever been hospitalized for a surgical operation or serious illness?____________________ ☐ ☐

Please Explain____

Have you ever taken Fen-Phen or other diet medications?. . . . .☐ ☐

Have you ever taken Fosamax, Boniva, Actonel or other Bisphosphonates?. . . . .☐ ☐

Are you taking any medications? . . . .☐ ☐

Please list____

Do you use or have you in the past used any Recreational Drugs?. . . . .☐ ☐

If Yes, Please list____

Do you smoke?. . . . . ☐ ☐

How long?______________________________How much?________________________________

Are you Allergic To:

Yes	No		Yes	No	
☐	☐	Penicillin	☐	☐	Aspirin
☐	☐	Local Anesthesia/Novocain	☐	☐	Sulfa Drugs
☐	☐	Codeine	☐	☐	Latex
☐	☐	Metals(Nickel,Mercury, etc)	☐	☐	Barbituates
☐	☐	Soybeans or eggs	☐	☐	Other drugs or medicines:_______________

Do you wear dentures?. . . . . ☐ ☐

Do you wear contacts?. . . . .☐ ☐

Signature of Person completing form____

Relationship to Patient____

Weight________ Height___________ Office Use: BP_________ Pulse_______ ASA________