## **EDMONDS DENTAL STUDIO**

Advanced Implant and Cosmetic Dentistry

## MEDICAL HISTORY AND UPDATES

ATIENT NAME			DATE		
MEDICAL HISTO	DRY				
Medical Doctor's name					
Have you suffered any serio	ous injury to your head or ned	rk?			
Have you been hospitalized	during the past two years?	Nhv?			
Are you taking any medicati	ons, pills, or drugs? What? _				
Are you allergic to any med	ications or substances? Wha	t?			
Are you on a special diet?					
Women—Are you pregnant	? How many months?	( (			
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	kbox if you have, or have ha				
High Blood Pressure	Chest Pain	к (") you may require pre Нау Fever	emedication for dental treatmen Blood Transfusion		
Low Blood Pressure	Shortness of Breath	Sinus trouble	Chemotherapy	Drug Addiction Psychiatric Care	
Heart Trouble	Swelling of feet/ankles	Emphysema	Arthritis	Veneral Disease	
Heart Murmur*	Fainting or Dizziness	Frequent Cough	Rheumatism	AIDS	
Rheumatic Fever*	Stroke	Lung Disease	Pain in Jaw Joints	Hemophelia	
Congenital Heart Lesion	Diabetes	Tuberculosis	Cortisone Medication	Cold Sores	
Artificial Heart Valve*	Excessive Thirst	Liver Disease	Glaucoma	Sickle Cell Anemia	
Heart Surgery*	Asthma	Hepatitis A (infec.)	Epilepsy or Seizures	Fever Blisters	
Heart Pacemaker*	Kidney Trouble	Hepatitis B (serum)	Thyroid Disease	Bruise Easily	
Blood Disease	Ulcers	Anemia	Parathyroid Disease	Herpes	
Mitral Valve Prolapse*	Allergies	Scarlet Fever	Cancer	Gout	
Artificial Joints* e.g. Hip	HIV Positive	Hypoglycemia	X-ray or Cobalt Treatment	Osteoporosis	
	E:				
MEDICAL HISTOR HAVE read my MEDICAL HISTOR			at it adequately states past and	present conditions.	
Date	Exceptions	None	Patient Signature	Reviewed by	