

LOUISVILLE FAMILY & COSMETIC DENTISTRY

Health History

Patient name _____ **today's date** _____

Physician's Name _____ Date of last visit _____

Please circle:

- | | |
|--|---|
| <p>Yes No Heart trouble/disease</p> <p>Yes No Heart murmur</p> <p>Yes No Irregular heartbeat</p> <p>Yes No Angina/chest pain</p> <p>Yes No Heart attack/failure</p> <p>Yes No Stroke</p> <p>Yes No Congenital heart disorder</p> <p>Yes No Mitral valve prolapse</p> <p>Yes No Rheumatic fever</p> <p>Yes No Artificial heart valve</p> <p>Yes No High blood pressure</p> <p>Yes No High cholesterol</p> <p>Yes No Pacemaker</p>
<p>Yes No Asthma</p> <p>Yes No Arthritis/rheumatism</p> <p>Yes No Artificial joint replacement
 *date of surgery _____</p> <p>Yes No Blood disorder</p> <p>Yes No Sickle cell disorder</p> <p>Yes No Hemophilia</p> <p>Yes No Blood transfusion</p> <p>Yes No Tuberculosis (TB)</p> | <p>Yes No Hepatitis type _____</p> <p>Yes No HIV/AIDS</p> <p>Yes No Anemia</p> <p>Yes No Stomach problems</p> <p>Yes No Liver problems</p> <p>Yes No Kidney problems</p> <p>Yes No Diabetes type _____</p> <p>Yes No Cancer/chemotherapy</p> <p>Yes No Radiation treatment</p> <p>Yes No Skin grafts</p> <p>Yes No Back/neck problems</p> <p>Yes No Emphysema</p>
<p>Yes No Nervousness</p> <p>Yes No Psychiatric care</p> <p>Yes No Seizure disorder</p> <p>Yes No Alzheimer's disease</p> <p>Yes No Drug addiction</p> <p>Yes No Alcohol addiction</p> <p>Yes No Fainting or dizziness</p> <p>Yes No Headaches/migraines</p> <p>Yes No Cortisone treatments</p> |
|--|---|

Medications

List any medications you are currently taking: _____

Pharmacy Name _____ Phone _____

Allergies

- | | |
|--|--|
| <p><input type="checkbox"/> Codeine</p> <p><input type="checkbox"/> Penicillin</p> <p><input type="checkbox"/> Sulfa drugs</p> <p><input type="checkbox"/> Latex</p> <p><input type="checkbox"/> Other _____</p> | <p><input type="checkbox"/> Iodine</p> <p><input type="checkbox"/> Local Anesthesia</p> <p><input type="checkbox"/> Hydrocodone</p> <p><input type="checkbox"/> Metals (ie.nickel)</p> |
|--|--|

