Lofton Creek Smiles

MED HX WITHOUT SIGNATURE

Patient Name:

Birth Date:

Date Created:

tow you seek had a serious head or neck injury? O'ves ONo If yes Journal of the following? O'ves ONo If yes Journal of the following? O'ves ONo If yes Journal of the following? O'ves ONo If yes O'ves O'No If yes O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'ves O'v	re you under a physician's	care now?	0	Yes ()No		If yes				
re you taking any medications, pile, or drugs? Ores One If yes ore you take, or have you taken, Phen-Fern or Redux? Ores One If yes we you ever taken Fearance, Boniva, Actorel or any other Ores One regular for you use tobacco? Ores One ment Are you	Have you ever been hospitalized or had a major operation?			Yes ()No		If yes				
re you taking any medications, pile, or drugs? O'res O'No If yes Sine you cere taken Fosaman, Enriva, Actonel or any other elicitators containing barphosphonates? O'res O'No If yes If yes Sine you were taken Fosaman, Enriva, Actonel or any other elicitators containing barphosphonates? O'res O'No If yes Interêdiation or only of the following? O'res O'No If yes O'res O'No If yes Interêdiation or only of the following? O'res O'No If yes Interêdiation or have you had, any of the following? O'res O'No If yes Interêdiation or have you had, any of the following? O'res O'No If yes Interêdiation or have you had, any of the following? O'res O'No If yes Interêdiation or have you had, any of the following? O'res O'No If yes Interêdiation or have you had, any of the following? O'res O'No If yes Interêdiation or have you had, any of the following? O'res O'No If yes Interêdiation or have you had, any of the following? O'res O'No Interediation or have you had, any of the following? O'res O'No Interediation or have you had, any of the following? O'res O'No Interediation or have you had, any of the following? O'res O'No Interediation or have you had, any of the following? O'res O'No Interediation or have you had, any of the following? O'res O'No Interediation or have you had, any of the following? O'res O'No Interediation or have you had, any of the following? O'res O'No Interediation or have you had, any of the following? O'res O'No Interediation or have on have you had, any of the following? O'res O'No Interediation or have on have you had, any of the following? O'res O'No Interediation or have on have on have you had, any of the following? O'res O'No Interediation or have on have on have you had, any of the following? O'res O'No Interediation or have on have on have on have you had, any of the following? O'res O'No Interediation or have on have on have you had, any of the following? O'res O'No Interediation or ha	Have you ever had a serious head or neck injury?			Yes ()No		If yes				
ave you ever taken Fozamark, Boniva, Actornel or any other or you on a special dele? O'Yes ONo O'you use tobacco? O'Yes ONo O'Yes O'No O'Yes O'N	re you taking any medicatio	ons, pills, or drugs?				If yes				
re you on a special diet? O you use tobacco? O yes O No Pergnant/Trying to get pregnant? International pregnant/Trying to get	o you take, or have you ta	ken, Phen-Fen or F	W 1974			If yes				
re you on a special det? Oyes O No			or any other	Yes ()No		If yes				
or you use tobacco? Yes No		озряжника:	0	Yes ()No						
Pergrant/Trying to get pregnant?	o you use tobacco?		1000							
Pregnant/Trying to get pregnant?	mont Are you									
Aspirin	AND RESIDENCE OF THE PARTY OF T	regnant?	1	lursing?				Taking ora	I contraceptives?	
Aspirin Penicilin Codeine Acrylic Latex Sulfa Drugs Codeine Acrylic Local Anesthetics	you allergic to any of the	followina?								
Sulfa Drugs Cocal Anesthetics Cocal Anes			Penicillin				Codeine		Acrylic	
ther? If yes If yes			Latex				Sulfa Drugs		Local Anesthetics	
TOUS have, or have you had, any of the following? TOUS have, or have you had, any of the following? TOUS have you had, any of the following yes One heapt size of O. Yes O. No Tous have you had, any of the fedding O.Yes O.No Tous heart you he patitis B or C. Yes O.No Hepatitis	you use controlled subst	ances?	0	Yes ()No		If yes				
Alternative Oyes Ono Diabetes	ther?					If yes				
Alzheimer's Disease	you have, or have you had	d, any of the follow	ing?							
Anaphylaxis	AIDS/HIV Positive	OYes ONo	Cortisone Medicine	0	Yes () No	Hemophilia	VI - 107/100-11 1	Radiation Treatments	○Yes ○N
Anemia Oyes ONo Angina Oyes ONo Emphysema Oyes ONo Intercubation O	Alzheimer's Disease	○Yes ○No	Diabetes	0	Yes () No	Hepatitis A	○Yes ○No	Recent Weight Loss	○Yes ○N
Angina Oyes ONo Emphysema Oyes ONo High Blood Pressure Oyes ONO High Cholesterol Oyes ONO Scarlet Fever Oyes Own Intritis/Gout Oyes ONO Epilepsy or Seizures Oyes ONO High Cholesterol Oyes ONO Scarlet Fever Oyes Own Intritical Joint Oyes ONO Excessive Bleeding Oyes ONO High Cholesterol Oyes ONO Scarlet Fever Oyes Own Intriguilla Heart Valve Oyes ONO Feathing Spells/Dizziness Oyes ONO Feathing Spells/Dizziness Oyes ONO Frequent Cough Oyes ONO Frequent Diarrhea Oyes ONO Frequent Diarrhea Oyes ONO Frequent Headaches Oyes ONO Frequent Headaches Oyes ONO Concerting Problems Oyes ONO Genital Herpes Oyes ONO Concert Oyes ONO Hay Fever Oyes ONO Concert/Fever Blisters Oyes ONO Heart Attack/Failure Oyes ONO Concert/Fever Blisters Oyes ONO Heart Trouble/Disease Oyes ONO Concertification Oyes ONO Heart Trouble/Disease Oyes ONO Concertification Oyes ONO Concertification Oyes ONO Concertification Oyes ONO Concertification Oyes ONO Heart Trouble/Disease Oyes ONO Oyes ONO Concertification Oyes Oyes ONO Concertification Oyes Oyes ONO Co	ınaphylaxis	○Yes ○No	Drug Addiction	0	Yes ()No	Hepatitis B or C		Renal Dialysis	OYes ON
Authritis/Gout	nemia	○Yes ○No	Easily Winded	0	Yes ()No	Herpes	○Yes ○No	Rheumatic Fever	OYes ON
Artificial Heart Valve	Angina	OYes ONo	Emphysema	0	Yes () No	High Blood Pressure	○Yes ○No	Rheumatism	OYes ON
Asthma	Arthritis/Gout	○Yes ○No	Epilepsy or Seizures	0	Yes ()No	High Cholesterol	○Yes ○No	Scarlet Fever	○Yes ○N
Asthma	Artificial Heart Valve	○Yes ○No	Excessive Bleeding	0	Yes () No	Hives or Rash	○Yes ○No	Shingles	○Yes ○N
Slood Disease	Artificial Joint	○Yes ○No	Excessive Thirst	0	Yes ()No	Hypoglycemia	OYes ONo	Sickle Cell Disease	OYes ON
Realthing Problems	Asthma	○Yes ○No	Fainting Spells/Dizzi	ness (Yes () No	Irregular Heartbeat	○Yes ○No	Sinus Trouble	OYes ON
Breathing Problems	Blood Disease	○Yes ○No	Frequent Cough	0	Yes () No	Kidney Problems	OYes ONo	Spina Bifida	OYes ON
Chemotherapy Oyes ONo Glaucoma Oyes ONo Glaucoma Oyes ONo Hay Fever Oyes ONo Chest Pains Oyes ONo Heart Attack/Failure Oyes ONo Heart Murmur Oyes ONo Congenital Heart Disorder Oyes ONo Heart Trouble/Disease Oyes ONo Parathyroid Disease Oyes ONo Venereal Disease Oyes Oyes Oyes Oyes Oyes Oyes Oyes Oy	Blood Transfusion	OYes ONo	Frequent Diarrhea	0	Yes ()No	Leukemia	○Yes ○No	Stomach/Intestinal Disease	○Yes ○N
Cancer OYes ONo Glaucoma OYes ONo Lung Disease OYes ONo Thyroid Disease OYes OYes OYes OYes OYes OYes OYes OY	Preathing Problems	OYes ONo	Frequent Headache	s O	Yes ()No	Liver Disease	○Yes ○No	Stroke	OYes ON
Cancer OYes ONo Glaucoma OYes ONo Lung Disease OYes ONo Thyroid Disease OYes OYes OYes OYes OYes OYes OYes OY	Bruise Easily	OYes ONo	Genital Herpes	0	Yes ()No	Low Blood Pressure	○Yes ○No	Swelling of Limbs	OYes ON
Chemotherapy Oyes ONo Hay Fever Oyes ONo Chest Pains Oyes ONo Heart Attack/Failure Oyes ONo Consequential Heart Disorder Oyes ONO Oyes ONO Convulsions Oyes ONO Oyes ONO Oyes ONO Convulsions Oyes ONO Oyes ONO Oyes ONO Convulsions Oyes ONO Oyes Oyes ONO Oyes ONO Oyes ONO Oyes ONO Oyes ONO Oyes Oyes ONO Oyes Oyes ONO Oyes Oyes ONO Oyes Oyes Oyes ONO Oyes Oyes Oyes Oyes Oyes Oyes Oyes Oye	Cancer		Glaucoma				Lung Disease	OYes ONo	Thyroid Disease	OYes ON
Chest Pains OYes ONo Heart Attack/Failure OYes ONo Osteoporosis OYes ONo Pain in Jaw Joints OYes ONo Tuberculosis OYes O Tumors or Growths OYes O Yes O Tumors or Growths OYes O Yes O Yes O Tumors or Growths OYes O Yes	Chemotherapy		Hay Fever				Mitral Valve Prolapse		Tonsillitis	OYes ON
Cold Sores/Fever Blisters			Heart Attack/Failure				Osteoporosis		Tuberculosis	OYes ON
Congenital Heart Disorder O Yes O No Heart Pacemaker O Yes O No Parathyroid Disease O Yes O No Ulcers O Yes O Convulsions O Yes O No Yes O			-				Pain in Jaw Joints		Tumors or Growths	OYes ON
Convulsions OYes ONo Heart Trouble/Disease OYes ONo Psychiatric Care OYes ONo Venereal Disease OYes O		TONIA TO TONIA	Heart Pacemaker				Parathyroid Disease	12 TO 10 TO	Ulcers	OYes ON
rellow Jaundice OYes ONo							100		Venereal Disease	OYes ON
ave you ever had any serious illness not listed above? O Yes O No If yes				_		1000		2 T 2 AST 182		
	ave you ever had any seri	ous illness not liste	d above?	Yes () No		If yes				
mments:	mments:									