



Hillsboro Office 518 SE Oak Street #100A, Hillsboro, OR 97123 Prineville Office 302 NE 7th St #100, Prineville, OR 97754

PATIENT MEDICAL AND DENTAL HISTORY FORM

Patient Name: _____
Last First MI Preferred Name

Physician's Name and Date of Last Medical Exam:

List any medications you are currently taking: RX or O-T-C:

List any medications you are allergic to:

Do you take Cortisone medication? Yes No

Have you reacted adversely to codeine, nitrous oxide or local anesthetics? _____

Are you sensitive to metals or latex? _____

Are you pregnant or suspect you may be? Yes No

Do you use any birth control medications? Yes No

Do you have a pacemaker or an artificial heart valve implant? Other heart disease? _____

Have you ever had rheumatic fever? Yes No

Are you aware of any heart murmurs? Yes No

Have you ever had Redux or Phen Fen? Bisphosphonates? Yes No

Do you have any artificial joints/prosthesis? _____

Do you have Glaucoma? Yes No

Do you have sleep apnea? If so, do you use a CPAP? _____

Have you had a serious illness or major surgery in the last 5 years?

Have you ever had radiation treatment or chemo? Yes No

Do you have immune system inflammatory diseases, such as arthritis or rheumatism? Yes No

Do you have high or low blood pressure? _____

Have you ever bled excessively after being injured or have any other blood disorders? Yes No

Do you have Hemophilia or Anemia? _____

Do you have any kidney or liver problems? Yes No

Do you have diabetes? If so, insulin or diet controlled? Last A1C _____

Do you have asthma? Yes No

Do you have epilepsy or seizure disorders? Yes No

Have you tested positive for HIV or do you have AIDS? Yes No

Have you had or do you test positive for hepatitis? Yes No

Do you have or have you had Tuberculosis? Yes No

Do you smoke, or use any forms of tobacco? Do you use controlled substances? _____

Do you have any other conditions not listed or is there anything else we should know?

I certify that the above information is complete and accurate.

Response Date:

