



Do you have any of the following:

Artificial Heart Valves	Yes / No	Date: _____	Heart Bypass	Yes / No	Date: _____
Joint Replacement	Yes / No	Date: _____	Pacemaker	Yes / No	Date: _____
Stents	Yes / No	Date: _____	Donor Organs	Yes / No	Date: _____
Functional Heart Murmur	Yes / No		HIV / AIDS	Yes / No	
Congenital Heart Defects	Yes / No				

Do you take bisphosphonates drugs for your bone health?  
(Such as: Boniva, Fosomax, Actonel, etc.)

Yes / No

Have you ever had a reaction to dental anesthesia?  
(Such as: Epinephrine)

Yes / No

Have you ever had a reaction to latex gloves?

Yes / No

If you answered yes, please give us further information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you answered yes, you may need to be pre-medicated for your dental visits.**

**Doctor's preferred pre-med:** \_\_\_\_\_

**I certify that the answers provided are correct to the best of my knowledge.**

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical History reviewed by:**

Doctor \_\_\_\_\_ Hygienist \_\_\_\_\_ Date \_\_\_\_\_