



MEDICAL HEALTH HISTORY

- *Pre-Med - Amox
- Allergies
- Allergy - Codeine
- Allergy - Other
- Alzheimer
- Asthma
- Cancer/ tumor
- Emotional condition
- Heart Attack
- Heart Stent
- High Blood Pressure
- Lung problems
- NO PREMED
- Radiation Treatment
- Sinus Problems
- Tuberculosis
- *Pre-Med - Clind
- Allergy - Amox
- Allergy - Erythro
- Allergy - Penicillin
- Anemia/blood disorder
- Atrial Fibrillation
- Cholesterol
- Epilepsy/fainting
- Heart defects
- Heart Valve
- HIV/AIDS
- Migraine
- Osteoporosis
- Rheumatic Fever
- Sleep Apnea
- Tumors
- *Pre-Med - Other
- Allergy - Aspirin
- Allergy - Hay Fever
- Allergy - Sulfa
- Arthritis
- Blood thinner
- Dementia
- GERD
- Heart Disease
- Hepatitis
- Kidney Disease
- Mitral Valve Prolaps
- Pacemaker
- See Notes
- Stroke
- Abnormal bleeding
- Allergy - Clind
- Allergy - Latex
- Allergy- Azithro
- Artificial Joints
- Blood transfusion
- Diabetes
- Heart ailment/angina
- Heart Murmur
- Herpes/cold sores
- Liver Disease
- Neurologic condition
- Parkinsons
- Seizures
- Thyroid Problem

Are you currently taking medication? Please list

Have you been pre-medicated prior to dental treatment?

- Yes
- No

If yes, why?

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(262)658-1410



Name of your Physician and phone number:

Any other medical conditions not listed above:

Any other allergies not listed

Do you smoke or use chewing tobacco?

- Yes No

Women:

- may be pregnant- expected delivery date _____
 taking contraceptive or hormone replacement

Signature: _____

Date: