P Frimary Care Physician's Name:  Place you ever experienced or been diagnosed with the following conditions?  Anemia	► Patient Name:					Date:	
Annetey/Nervousness   Epilepsy   Shortness of breath   Y Annetey/Nervousness   Headaches   Sinus trouble   Y Annetey/Nervousness   Headaches   Sinus trouble   Y Anterior   Y Antfilicial joints   Head murmur   Stroke   Y Antfilicial joints   Head murmur   Tumor or growth on head or neck   Y Headaches   Herpes   Tumor or growth on head or neck   Y Headaches   High blood pressure   Tumor or growth on head or neck   Y Headaches   Jaundice   Y Hornor   Y Ho	► Primary Care Physician's I	Name:				Date of last visit:	
Anxiety/Nervousness   Headaches   Sinus trouble   Y Anthritis   Heart murmur   Stroke   Y Antificial joints   Heart problems   Swollen neck glands   Y Antificial joints   Hepatitis Type   Thyroid problems   Y Asthma   Heipes   Turmor or growth on head or neck   Y Bleeding with extractions or surgery   HiV/AIDS   Ulcer   Y Ulcer   Y Bleeding with extractions or surgery   HiV/AIDS   Ulcer   Y Ulcer   Y Bleeding with extractions or surgery   HiV/AIDS   Ulcer   Y	► Have you ever experienced	d or been di	iagnosed with the follo	wing conditions?	•		
Arthritis	Anemia		Epilepsy		Shortness of bre	ath	□ Y
Artificial heart valves   Heart problems   Swollen neck glands   Y Artificial joints   Hepatitis Type   Thyroid problems   Y Artificial joints   Hepatitis Type   Thyroid problems   Y Back problems   High blood pressure   Tumor or growth on head or neck   Y Back problems   High blood pressure   Tumor or growth on head or neck   Y Blood disease   Jaundice   Cancer   Jaw pain   Women Only Chemotherapy   Kidney disease   Pregnant Due date   Y Cligarette, pipe, or cigar smoking   Liver disease   Nursing   Y Cligarette, pipe, or cigar smoking   Liver disease   Nursing   Y Congenital heart lesions   Mitral valve prolapse   Congenital heart lesions   Mitral valve prolapse   Cordisone treatments   Pacemaker   Diabetes   Radiation treatment   Major surgery or hospitalizations   Y Diabetes   Radiation treatment   Major surgery or hospitalizations   Y Diabetes   Respiratory disease   Indicate all of your allergies below:    List all medications you are currently taking and the correlating diagnosis:   Indicate all of your allergies below:    Med:	Anxiety/Nervousness		Headaches		Sinus trouble		□ Y
Artificial joints   Hepatitis Type   Thyroid problems   Y Ashma   Herpes   Tuberculosis   Y Black problems   High blood pressure   Tumor or growth on head or neck   Y Bleeding with extractions or surgery   HIV/AIDS   Ulicer   Y Blood disease   Jaundice   V Cancer   Jaw pain   Women Only Chemotherapy   Kidney disease   Pregnant Due date   Y Cigarette, pipe, or cigar smoking   Liver disease   Nursing   Y Circulatory problems   Low blood pressure   Taking birth control pills?   Y Congenital heart lesions   Mitral valve prolapse   Taking birth control pills?   Y Congenital heart lesions   Pacemaker   Major surgery or hospitalizations   Y Diabetes   Radiation treatment   Major surgery or hospitalizations   Y Diabetes   Radiation treatment   Aspirin   Indicate all of your allergies below:    Ned:	Arthritis		Heart murmur				□ Y
Asthma	Artificial heart valves		Heart problems		Swollen neck gla	inds	□ Y
Back problems	Artificial joints		Hepatitis Type	🗆	Thyroid problems	5	□ Y
Bleeding with extractions or surgery   HIV/AIDS   Ulicer   Y Blood disease   Jaundice   Cancer   Jaw pain   Women Only   Chemotherapy   Kidney disease   Pregnant Due date   Y Cigarette, pipe, or cigar smoking   Liver disease   Nursing   Y Circulatory problems   Low blood pressure   Taking birth control pills?   Y Congenital heart lesions   Mitiral valve prolapse   Cordisone treatments   Pacemaker   Major surgery or hospitalizations   Y Diabetes   Radiation treatment   Major surgery or hospitalizations   Y Diabetes   Radiation treatment   Major surgery or hospitalizations   Y  List all medications you are currently taking and the correlating diagnosis:   Indicate all of your allergies below:  Med:	Asthma		Herpes		Tuberculosis		□ Y
Blood disease   Jaundice   Women Only   Carcer   Jaw pain   Women Only   Chemotherapy   Kidney disease   Pregnant Due date   Y   Cigarette, pipe, or cigar smoking   Liver disease   Nursing   Y   Circulatory problems   Low blood pressure   Taking birth control pills?   Y   Congenital heart lesions   Mitral valve prolapse   Taking birth control pills?   Y   Congenital heart lesions   Mitral valve prolapse   Taking birth control pills?   Y   Cordisone treatments   Pacemaker   Major surgery or hospitalizations   Y   Diabetes   Radiation treatment   Major surgery or hospitalizations	Back problems		High blood pressure		Tumor or growth	on head or neck	□ Y
Cancer   Jaw pain   Women Only   Chemotherapy   Kidney disease   Pregnant Due date   Y   Cigarette, pipe, or cigar smoking   Liver disease   Nursing   Y   Circulatory problems   Low blood pressure   Taking birth control pills?   Y   Congenital heart lesions   Mitral valve prolapse   Cortisone treatments   Pacemaker   Cough, persistent or bloody   Psychiatric treatment   Major surgery or hospitalizations   Y   Diabetes   Radiation treatment   Prince   Radiation treatment   Diabetes   Radiation treatment   Prince   Core   Radiation treatment   Prince   Core   Radiation treatment   Prince   Copiates   Radiation treatment   Core   Copiates   Radiation treatment   Copiates   Radiation treatment   Radiation tre	Bleeding with extractions or surgery		HIV/AIDS		Ulcer		□ Y
Chemotherapy	Blood disease		Jaundice				
Cigarette, pipe, or cigar smoking   Liver disease   Nursing   Y Circulatory problems   Low blood pressure   Taking birth control pills?   Y Congenital heart lesions   Mitral valve prolapse   Cortisone treatments   Pacemaker   Cough, persistent or bloody   Psychiatric treatment   Major surgery or hospitalizations   Y Diabetes   Radiation treatment   Respiratory disease   D Description   Description   Description   Description   Description   Dose:   Frequency:   For:   Respiratory   Description   Dose:   Frequency:   For:   Respiratory   Description   Dose:   Prequency:   For:   Respiratory   Description   Descripti	Cancer		Jaw pain		Women Only		
Circulatory problems	Chemotherapy		Kidney disease		Pregnant Due of	late	□ Y
Congenital heart lesions   Mitral valve prolapse   Cortisone treatments   Pacemaker   Major surgery or hospitalizations   Y    Cough, persistent or bloody   Psychiatric treatment   Major surgery or hospitalizations   Y    Diabetes   Radiation treatment   Prinquency:   For:   Aspirin   I    Dose:   Frequency:   For:   Aspirin   I    Dose:   Frequency:   For:   Por:   I    Dose:   Frequency:   For:   I	Cigarette, pipe, or cigar smoking		Liver disease		Nursing		□ Y
Cortisone treatments	Circulatory problems		Low blood pressure		Taking birth cont	rol pills?	□ Y
Cough, persistent or bloody	Congenital heart lesions		Mitral valve prolapse				
Diabetes	Cortisone treatments		Pacemaker				
Emphysema	Cough, persistent or bloody		Psychiatric treatment		Major surgery or	hospitalizations	□ Y
▶ List all medications you are currently taking and the correlating diagnosis:       ▶ Indicate all of your allergies below:         Med:       Dose:       Frequency:       For:       Aspirin       Iodine       Penicilling         Med:       Dose:       Frequency:       For:       Barbiturates       Latex       Sulfa Drug         Med:       Dose:       Frequency:       For:       (Valium/Xanax)       Local       Other         Med:       Dose:       Frequency:       For:       Opiates       Anesthetics         Pharmacy name:       Phone ()       (Vicodin/Percocet)       (Novocaine)     DENTAL HISTORY  Bleeding Gums Sensitivity Pain Loose Teeth Periodontal Disease Lumps/Sores Clenching/Grinding/TMJ Braces  Premedication before dental treatment Primary concern for today's visit:  ACKNOWLEDGEMENT  I have had no change in my dental or medical history since my last visit.	Diabetes		Radiation treatment				
Med:	Emphysema		Respiratory disease				
Med:	► List all medications you ar	e currently	taking and the correlat	ting diagnosis:	► Indicate all	of your allergies	s below:
Med:		Dose:	Frequency:	For:	_		□ Penicillin
Med:	Med:	Dose:	Frequency:	For:	— □ Barhiturates	□ l atev	□ Sulfa Drug
Med:					_ Baibitaratee		_
Pharmacy name:Phone (	Med·	Dose:	Frequency:	For:	□Oniates	_	☐ Other
DENTAL HISTORY  Bleeding Gums Sensitivity Pain Loose Teeth Periodontal Disease Lumps/Sores Clenching/Grinding/TMJ Braces  Premedication before dental treatment Primary concern for today's visit:  ACKNOWLEDGEMENT  I have had no change in my dental or medical history since my last visit.							
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Bleeding Gums Sensitivity Pain Loose Teeth Periodontal Disease Lumps/Sores Clenching/Grinding/TMJ Braces  Premedication before dental treatment Primary concern for today's visit:  ACKNOWLEDGEMENT  I have had no change in my dental or medical history since my last visit.	DENTAL HISTORY	/					
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ACKNOWLEDGEMENT  I have had no change in my dental or medical history since my last visit.							
☐ I have had <u>no change</u> in my dental or medical history since my last visit.	Premedication before dental treatm	ent Prin	nary concern for today's vis	it:			
☐ I have had <u>no change</u> in my dental or medical history since my last visit.	VCKNOMI EDGEN	/ENT					
	ACKNOWLLDGEN						
	☐ I have had no change in my	/ dental or n	nedical history since my	last visit			
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information not updated or shared with the doctor.	,						
•	Patient (or Guardian) Sign	ature:			Date:	/	/