| PATIENT MEDICAL HISTORY | | | | | | | |
|---|--|---|--|---|-----------------------|--|--|
| Patient's Name: | | | | | or Office Use Only | | |
| Address: | | | Today's Date: | Date of Last Visit: | Date of Med. History: | | |
| | | | | | | | |
| City State Zip: | | | Email: | | | | |
| | | | | | | | |
| L Home Phone: | Work Phone: | Cell Phone: | I Birth Date: | Social Security No.: | Marital Status: | | |
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| Duime a m. Da mtal Corana | l | | Harris Dharras | Warda Dharrar | Call Diaman | | |
| Primary Dental Guara | intor: | | Home Phone: | Work Phone: | Cell Phone: | | |
| | | | | | | | |
| Secondary Dental Gu | arantor: | | Home Phone: | Work Phone: | Cell Phone: | | |
| | | | | | | | |
| L Physician Name: | | | Physician Phone: | | | | |
| | | | | | | | |
| Pharmacy: | | | Pharmacy Phane: | | | | |
| Pharmacy: | | | Pharmacy Phone: | | | | |
| | | | | | | | |
| Sex: If female please answer the following: Y N Are you taking Birth Control Pills? Are you pregnant? If Yes, # of weeks Are you nursing? | | | Please answer the following: Y N Height: | | | | |
| | | | Do you smoke or use tobacco? For Office Use Only BP Heart Rate: Weight: | | | | |
| Hepatitis A Hepatitis B Hepatitis B Hepatitis C HIV+ AIDS Tuberculos Radiation T Cancer- Cr Take Bisph Pre Med Fo Heart Murn Joint Repla Artificial He Mitral Valve Rheumatic Congenital Fainting Sp Seizures Epilepsy Abnormal E | With Local Anesthetic With Local Anesthetic Social Streatment Common C | N Conditions Drug Abuse Allergies Anemia Arthritis Asthma Diabetes Difficulty Breathin Emphysema Fever Blisters Glaucoma Heart Attack Heart Surgery Angina Pectoris Stroke High Blood Press Durg Abuse | ure ure | Y N CONDITIONS COPD NOTE OF THE PROPERTY OF | | | |
| Hemophilia | | Stomach Ulcers | | | [| | |
| Alcohol Abı | use | ☐ ☐ Heart Valve Repla | acement | | | | |

| Medications: | | | | | | |
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| Y N | | | | | | |
| | lem that you think this office should know ab | out that is not covered above? | | | | |
| ☐ ☐ Is there any disease, condition, or problem that you think this office should know about that is not covered above? If yes, please describe below | | | | | | |
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(If Under 18, Parent or Guardian Signature Required)