Health History

Patient Name: ___________________________________

Physicians Name:___________________________________ Date of last Visit___________________________

Have you ever used or are currently using a bisphosphonate medication? Common brand names Fosamax, Actonel, atelvia, didronel, Boniva. Please Circle. **YES** **NO**

Have you ever had any serious illnesses or operations? If so please describe YES NO

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Women- Are you pregnant or think you may be? YES NO

Take Birth Control Pills? Yes NO

Please check if you have/had any of the following:

AIDS/HIV	O	Hepatitis Type______	O
Anemia	O	High Blood Pressure	O
Arthritis/ Rheumatism	O	Jaw Pain	O
Artificial Heart Valves	O	Kidney Disease	O
Artificial Joints	O	Liver Disease	O
Asthma	O	Mitral Valve Prolapse	O
Auto Immune Disorder	O	Nervous Problems	O
Back Problems	O	Osteoporosis	O
Cancer	O	Pacemaker	O
Chemical Dependency	O	Psychiatric Care	O
Circulatory Problems	O	Respiratory Disease	O
Congenital Heart Lesions	O	Rheumatic Fever	O
Diabetes	O	Sinus Trouble	O
Epilepsy	O	Stroke	O
Fainting or Dizziness	O	Thyroid Problems	O
Headaches	O	Tobacco Habit	O
Heart Murmur	O	Tuberculosis	O
Heart Problems	O	Ulcer	O
		Venereal Disease	O

Medications you are currently taking:

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Allergies:

Aspirin	O	Local Anesthetic	O
Penicillin	O	Codeine	O
Sulfa	O	Latex	O
Other	O_______________________________		

Pharmacy Name______________________________ Phone #____

Is there anything else we should be aware of? ____

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<u>Yearly Updated Signatures</u>

Signature ____ Date________________

Signature ____ Date________________

Signature ____ Date________________