North Pointe Dental

North Pointe Dental Associates
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HEALTH HISTORY

| DOB:

Summary

Medical Conditions	**none listed**
Allergies	**none listed**
Medications	**none listed**

Medical History

General Health Information	
Are you under a physician's care now?	
Have you ever been hospitalized or had a major operation?	
Have you ever had a serious head or neck injury?	
Are you taking any medications, pills, or drugs? if yes, please list ALL meds.	
Have you ever taken Fosamax, Boniva, Actonel or any other medications containing bisphosphonates?	
Do you use tobacco?	
Do you use controlled substances or recreational drugs?	
Women are you:	
Pregnant/Trying to get pregnant?	
Nursing?	
Taking oral contraceptives?	
Are you allergic to any of the following?	
Aspirin	
Penicillin	
Codeine	
Acrylic	
Metal	
Latex	
Sulfa Drugs	
Local Anesthetics	
Any Other Allergy?	
Do you have, or have you had, any of the following?	
AIDS/HIV Positive	
Alzheimer's Disease	
Anaphylaxis	
Anemia	
Artificial Heart Valve	
Artificial Joint	
Breathing Problems	
Bruise Easily	

Cancer/Chemo/Radiation	
Cold Sores/Fever Blisters	
Diabetes	
Drug Addiction	
Epilepsy or Seizures	
Excessive Bleeding	
Frequent Headaches	
Heart Murmur	
Heart Pacemaker	
Heart Trouble/Disease	
Hepatitis A, B or C	
High Blood Pressure	
Kidney Problems	
Liver Disease	
Osteoporosis	
Pain in Jaw Joints	
Psychiatric Care	
Sinus Trouble	
Stomach Problems/GERD/Acid Reflux/Freque	
Stroke	
Have you ever had any serious illness not listed above?	
Comments:	

Patient's signature: Date:

Doctor's signature: Date: