

Matta Family Dentistry

Patient Name:					Birth Date:			
Although dental personnel body. Health problems tha with the dentistry you will	it you may have,	any medic	cation	is you may	be taking, coul	d have a	•	relationship
Are you under a physicians care now?			Υ	N	If yes, Please	explain,		
Have you ever been hospitalized / major operation?			Υ	N	If ves. Please	explain.		
Have you ever had a serious head or neck injury?			Υ	N	-	-		
Are you taking any medication, pills, or drugs?			Υ	N	If yes, Please	explain, _.		
Do you take or have taken Phen / Fen or Redux?			Y	N	If yes, Please	explain,		
Have you ever taken Fosamax,	Boniva, Actonel,	or any oth	er med	dications co	ntaining bispho	phonate	es? Y I	N
Are you on a special diet?			Υ	N	If yes, Please	explain,		
Do you use tobacco?			Υ	N If yes, Please explain				
Do you use controlled substan	ces?		Υ	N	If yes, Please	explain, _.		
Vomen: Pregnant / Trying to	get Pregnant?	YN	Takin	g an oral co	ontraceptive?	Y N	Nursing?	Y N
re you allergic to any of the following? Aspirin			□ Metal	☐ Late	x	□ Local Ane	esthetics	
o you have, or have you had	d, any of the fol	lowing?						
AIDS/ HIV	Cortisone Medicine			Hemophilia			Radiation Treatments	
llzheimer's Disease	Diabetes			Hepatitis A			Recent Weight Loss	
phylaxis Drug Addiction			Hepatitis B or C			Renal Dialysis		
emia Easily Winded			Herpes			Rheumatic Fever		
ina Emphysema			High Blood Pressure			Rheumatism		
ritis/Gout Epilepsy or Seizures			High Cholesterol			Scarlet Fever		
tificial Heart Valve Excessive Bleeding			Hives or Rash			Shingles		
rtificial Joint Excessive Thirst			Hypoglycemia			Sickle Cell Disease		
thma Fainting Spells/Dizziness			Irregular Heartbeat			Sinus Trouble		
ood Disease Frequent Cough			_	Kidney Problems		Spina Bifida		
ood Transfusion Frequent Diarrhea				Leukemia		Stomach/Intestinal Disease		
eathing Problems Frequent Headaches			Liver Disease			Stroke		
uise Easily Genital Herpes			Low Blood Pressure			Swelling of the Limbs		
ncer Glaucoma				Lung Disease			Thyroid Disease	
hemotherapy	emotherapy Hay Fever			Mitral Valve Prolapse			Tonsillitis	
hest Pains	Heart Attack/Failure			Osteoporosis			Tuberculosis	
old Sores/Fever Blisters Heart Murmur			Pain in Jaw Joints			Tumors or Growths		
ongenital Heart Disorder Heart Pacemaker			Parathyroid Disease			Ulcers		
onvulsions Heart Trouble/Disease				Psychiatric Care			Venereal Disease	
ellow Jaundice			us illna	•	d above?			
comments:				233 1101 113100				
ignature of patient or guardian	:				Date: _			