## Brittany L. McLaughlin, DMD, PLC

## MEDICAL HISTORY

PATIENT NAME		Birth Date		
Although dental personnel primarily thave, or medication that you may be following questions.				
Have you ever been hospitalized or had Have you ever had a serious h Are you taking any medication Do you take, or have you taken, P Have you ever taken Fosamax, Bo other medications containing Are yo	nead or neck injury? Yes Noons, pills, or drugs? Yes Noons, pills, or drugs? Yes Noons, pills, or drugs? Yes Noons, Actonel or any Yes Noons, Actonel or any Yes Noons, Noons, Noons, Noons, Noons, Noons, Noons, Noons, No	o If yes, please explain:  o If yes, please explain:  o If yes, please explain:		
	o you use tobacco?  Yes  Netrolled substances?  Yes  Netrolled substances?			
Pregnant/Trying to get pregnant?	Yes No Taking oral contra	aceptives? Yes No	Nursing?  Yes No	
Are you allergic to any of the following Aspirin Penicillin  Other If yes, please explain:	g? Codeine Local Anesth	etics Acrylic	Metal Latex	Sulfa drugs
Do you have, or have you had, any of AIDS/HIV Positive Yes No AIzheimer's Disease Yes No Anaphylaxis Yes No Anaphylaxis Yes No Anemia Yes No Anthritis/Gout Yes No Arthritis/Gout Yes No Arthritis/Gout Yes No Arthricial Heart Valve Yes No Arthricial Joint Yes No Blood Disease Yes No Blood Transfusion Yes No Bruise Easily Yes No Bruise Easily Yes No Cancer Yes No Chemotherapy Yes No Congenital Heart Disorder Yes No Convulsions Yes No Have you ever had any serious illness	Cortisone Medicine Yes Diabetes Yes Orug Addiction Yes Easily Winded Yes Emphysema Yes Epilepsy or Seizures Yes Excessive Bleeding Yes Excessive Thirst Yes Frequent Cough Yes Frequent Diarrhea Yes Frequent Headaches Yes Genital Herpes Yes Glaucoma Yes Heart Attack/Faillure Yes Heart Murmur Yes Heart Pacemaker Yes Heart Trouble/Disease	No Hepatitis A Y Y Hepatitis B or C Y Y Herpes Y Y High Blood Pressure Y Y High Cholesterol Y Y Y High Cholesterol Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	es No Stroke es No Swelling of Limbs Thyroid Disease	9 9
Comments:				
To the best of my knowledge, the qu dangerous to my (or patient's) health				mation can be
SIGNATURE OF PATIENT. PAREN	T. or GUARDIAN		DATE	