



Bullhook Dental Clinic Health History



NAME: _____

DATE OF BIRTH _____ AGE: _____

ALLERGIES: _____

MEDICAL DOCTOR: _____ PHONE: _____

MEDICATIONS: _____

HEIGHT: _____ WEIGHT: _____

CIRCLE PRESENT MEDICAL CONDITIONS

Heart Disease
 High Blood Pressure
 Low Blood Pressure
 Congenital Heart Defect
 Heart Murmur
 Heart Attack
 Heart Surgery
 Bleeding Disorder
 Sickle Cell Anemia
 Stroke
 Seizures
 Fainting Spells

Lung Disease
 Tuberculosis
 Asthma
 COPD
 Emphysema
 Rheumatic Fever
 Stomach Ulcers
 Acid Reflux
 Jaundice
 Liver Disease
 Diabetes
 Kidney Disease

Arthritis
 Artificial Joint
 Cancer/Tumor
 Radiation Therapy
 HIV/AIDS
 Hepatitis A/B/C
 STD
 Cold Sores
 Depression
 Anxiety
 Psychiatric Disease
 Pregnant/Nursing

Do you now or have you ever used Tobacco products? [] YES [] NO How Often: _____

Do you now or have you ever used Alcohol? [] YES [] NO How Often: _____

Do you now or have you ever used Illicit Drugs? [] YES [] NO How Often: _____

Have you ever taken Fen-Phen or Redux?

Have you ever been given a bisphosphonate (Actonel, Aredia, Boniva, Didronel, Fosamax, Reclast, Skelid, or Zometa)?

Any sores or lumps in your mouth?

Do you have any diseases, conditions, or problems not listed above that you think we should know about?

SIGNATURE: _____ Date: _____