Confidential Patient Health History

Tammy Mandarino DDS

Physician's Name_____Phone #_____
Have you been hospitalized in the past 5 years? ___Yes___No
If yes, for what? _____
Are you currently taking any drugs or medications? ___Yes___No
If yes, what? _____
For what reason? _____
Do you need Premedication before Dental Work? ____Yes____No
For What reason? _____

Are you allergic to any of the following? (Please circle)

Aspirin	Erythromycin	Penicillin	Tetracycline	Codeine
Latex	Dental Anesthetics	Sedatives	Sulfa Drugs	Metals

Other_____

Have you ever had any of the following? (Please circle)

Abnormal Bleeding	Epilepsy Seizure Disorder	HIV/AIDS
Alternative Remedies	Frequent Headaches	Liver Disease
Artificial Joint Replacement	Heart Ailment	Low Blood Pressure
Asthma	Heart Murmur	Mitral Valve Prolapse
Acid Reflux	Heart Valves, Pacemaker	Pain in jaw joints
Blood Transfusion	Heart Surgery	Phen Phen or Redux
Cancer	Hemophilia	Rheumatic Fever
Chemotherapy/Radiation	Hepatitis	Sinus Problems
Dental Implants	Herpes/cold sores	Steroid Therapy
Diabetes	High Blood Pressure	Stroke
Eating disorders	Osteoporosis medication	Tuberculosis

WOMEN: Are you pregnant? __yes __no How many months? _____
Are you nursing?_____ Are you taking birth control pills? __yes ___no
(antibiotic may negate)

Is there any other information related to your health that we should be made aware of?

_____

_____

I certify that the information given is true and accurate.

(Please sign)_____Date_____
(Signature of Patient and/or Parent/Guardian)

Medical Update (for staff)

Date	Change	Date	Change
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Thank you for choosing our office!