Crow River Dental
Big Smiles!

Medical History

Check all Health Issues that apply:

- ☐ ADD/ADHD
- ☐ AIDS/AR/HIV positive
- ☐ Anemia
- ☐ Any Bleeding Problems
- ☐ Arthritis
- ☐ Artificial Joints
- ☐ Aspirin Allergy
- ☐ Asthma
- ☐ Autism
- ☐ Blood Thinner
- ☐ Blood Transfusions
- ☐ Bone Disorders
- ☐ Cancer
- ☐ Chemotherapy
- ☐ Clindamycin Allergy
- ☐ Codeine Allergy
- ☐ Cold Sores
- ☐ Diabetes
- ☐ Drug Abuse/Treatment
- ☐ Emphysema
- ☐ Epilepsy or seizures
- ☐ Erythro Allergy
- ☐ Eye Surgery
- ☐ Frequent Headaches
- ☐ Glaucoma
- ☐ H/L Blood Pressure
- ☐ Hearing Loss
- ☐ Heart Attack
- ☐ Heart Disease
- ☐ Heart Murmur
- ☐ Heart Surgery
- ☐ Heart Valve Damage
- ☐ Hepatities
- ☐ Inflammatory Disease
- ☐ Kidney Disorder
- ☐ Lactose Intolerance
- ☐ Latex Allergy
- ☐ Liver Disease
- ☐ Nervousness/Anxiety
- ☐ Other Allergy
- ☐ Pacemaker
- ☐ Penicillin Allergy
- ☐ Pre-medication
- ☐ Psychiatric disorder
- ☐ Radiation Treatment
- ☐ Respiratory Problems
- ☐ Rheumatic Fever
- ☐ Sinus Trouble
- ☐ Stomach Problems
- ☐ Stroke
- ☐ Sulfa Allergy
- ☐ Thyroid Disease
- ☐ TMJ Problems
- ☐ Tobacco Use
- ☐ Tuberculosis (TB)
- ☐ Tylenol Allergy
- ☐ Ulcers
- ☐ Venereal Disease
- ☐ Vicodin Allergy

Please explain any responses from above:

Physicians Name, Address and Phone Number:

Are you under Physician's care now? If YES, please explain:

Have you or are you taking any of the following medications (Bisphosphonates): Aredia, Zometa, Fosamaz, Actonel, or Boniva?

☐ Yes ☐ No

If YES, please specify dates and reasons:

Crow River Dental
Big Smiles!

Medical History (Continued)

Please list ALL of your current Medications (Prescription, Over the Counter, Vitamins and any Herbal medications) and what they are for:

FEMALE Patients only:

Do you take hormones?

☐ Yes ☐ No

Are you on birth control?

☐ Yes ☐ No

Are you pregnant?

☐ Yes ☐ No Due Date: ____ /____ /_____

MALE Patients only:

Do you take Phosphodiesterase Inhibitors (Viagra, Ciallis, etc.)?

☐ Yes ☐ No

If there is any additional information about your medical history that we need to be aware of such as recent surgeries or Hospitalization, please explain below:

Response Date: ____ /____ /_____