MERCER BUCKS
ENDODONTICS

Confidential Patient Health History

Name ____________________________________ **Referred by** ______________________________________

Please place an "X" next to any of the following conditions that are part of your medical history

Heart Disease	_____	Sinusitis	_____	Artificial Prosthesis	_____
Swollen Ankles	_____	Ear Problems	_____	(i.e. hip, knee)	
Prolapsed Mitral Valve	_____	Diabetes	_____	Arthritis	_____
Pacemaker	_____	Epilepsy	_____	Ulcers	_____
Breathing Difficulties	_____	Tuberculosis	_____	Kidney Disease	_____
Heart Murmur	_____	Asthma	_____	Liver Disease	_____
Rheumatic Fever	_____	Glaucoma	_____	Jaundice	_____
Scarlet Fever	_____	Leukemia	_____	Immune Deficiency/Disorder	_____
High Blood Pressure	_____	A.I.D.S.	_____	Bleeding problems	_____
Low Blood Pressure	_____	Anemia	_____	Blood Transfusion	_____
Stroke	_____	Thyroid Disease	_____	Hepatitis (type)	_____
Colitis	_____	Lupus	_____	Currently Pregnant	_____
Any Others	_____				

Have you ever been advised by your physician to routinely premedicate for dental care? Yes____ No____

Are you allergic to anything? Yes _____ No _____
List____

Have you been ill recently? Yes _____ No _____ Explain ______________________________________

Have you ever had major surgery? Yes _____ No_____ Explain __________________________________

Are you taking any medications? Yes _____ No_____ Please list _________________________________

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Is there any reason you would not consider yourself in good health? ________________________________

Explain ____

Date of last physical exam ____

Your Physician's name ____

Date _____________________________ Patient's Signature____

Date _____________________________ Doctor's Signature ____