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 _____

_____

_____

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 _____