MEDICAL QUESTIONNAIRE

1. Have you been a patient in a hospital in the past two years? Yes ❑ No ❑
If so, for what were you hospitalized?

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2. Are you now, or have you been, under the care of a physician (including a psychiatrist) during the past two years? If so, for what were you treated? Yes ❑ No ❑

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3. List medicines, or drugs, you have taken during the past year and for what: (include appetite suppressants or diet drugs).

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4. Have you taken any cortisone or other hormone medication? Yes ❑ No ❑
If so please list:

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5. Have you had any surgical procedures in the past? Yes ❑ No ❑
Describe:

____

6. If surgery was performed, name the surgeon:______________________________

7. Do you have prosthetic implants placed anywhere in your body: Yes ❑ No ❑
(heart valve, hip, knee, etc.)____

8. Have you had a reaction to any medicine such as penicillin, sulfa, codeine, aspirin? Yes ❑ No ❑

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9. Do you have reactions to sulfites, hay fever or any allergies? Yes ❑ No ❑
If so describe:

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10. When you cut yourself, or have a tooth extracted, do you bleed so much that you have to see a doctor to have it stopped? Yes ❑ No ❑

11. Have you ever had a reaction during, or following, dental treatment or oral surgery? Yes ❑ No ❑

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12. Do you faint easily? ______________________________________ Yes ❑ No ❑

13. Do you get short of breath easily? ______________________________ Yes ❑ No ❑

14. Circle the name of the following which you have had:

Heart trouble	Seizures(epilepsy)	Arthritis	Anemia
High blood pressure	Glaucoma	Cancer	Pneumonia
Asthma	Rheumatic fever	Stomach ulcers	Nervous disorders
Syphilis or venereal disease	Stroke	Congestive heart disease	Thyroid disease
Hepatitis (yellow jaundice)	Tuberculosis	Diabetes	AIDS (acquired immune deficiency syndrome)
X-ray treatment	Blood disease	Kidney or bladder trouble	

15. Have you gained, or lost, more than fifteen pounds recently? Yes ❑ No ❑

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16. Do you smoke? How much? Yes ❑ No ❑

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17. Do you have any sores or growths in your mouth? Yes ❑ No ❑

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18. Have you ever had any serious injuries to your face or jaws? Yes ❑ No ❑

Describe:____

19. Women: If you are using oral contraceptives it is important that you understand that antibiotics and other medications may interfere with the effectiveness of oral contraceptives. If you are pregnant, possibly pregnant, or trying to become pregnant, surgery, anesthetics or certain other medications may have a harmful effect on your developing baby, especially during the first trimester.

A. Are you pregnant? Yes ❑ No ❑
B. Do you wish to have a pregnancy test? Yes ❑ No ❑

20. Have you had temporomandibular joint disorder or dysfunction ("TMJ")? Yes ❑ No ❑

21. Do you wear contact lenses? Yes ❑ No ❑

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22. Do you have any disease, condition, or problem not listed above that you think we should know about? Yes ❑ No ❑

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Weight: __________ Height: __________ Age: __________ Signature:________________________________
Date: __________