

Endodontic Associates Patient Health History Form

Last name: _____ First Name: _____ Nickname: _____

Sex: ☐ Male ☐ Female DOB: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Employer: _____ Referred by: _____ General Dentist: _____

Email: _____

Please indicate any medical conditions by marking the boxes below.

- ☐ Under Current Med Tr
- ☐ Pregnant or Trying
- ☐ High Blood Pressure
- ☐ Hypertension/Circulatory
- ☐ Respiratory/Asthma
- ☐ Tuberculosis
- ☐ Diabetes
- ☐ Liver Problems
- ☐ Kidney Problems
- ☐ Thyroid/Hormonal
- ☐ TMJ Problems
- ☐ Immunocompromised/HIV+
- ☐ Oral Herpes
- ☐ Cancer/Tumor/Neoplasm
- ☐ Radiation/Chemo
- ☐ Blood Disease
- ☐ Anemia/Bleeding Problem
- ☐ Over/Underweight

- ☐ Stroke
- ☐ Migraine/Headaches
- ☐ Epilepsy/Fainting
- ☐ Glaucoma/Visual
- ☐ Mental/Psych/Neural
- ☐ Ulcers/Digestive
- ☐ Alcoholism/Addiction
- ☐ Infectious Diseases
- ☐ Smoking
- ☐ Arthritis
- ☐ Heart Disease/Defect
- ☐ Chest Pain with Exercise
- ☐ Shortness of Breath
- ☐ Pacemaker
- ☐ Artificial Heart Valve
- ☐ Irregular Heart Beat
- ☐ Heart Attack
- ☐ Prosthetic Implant
- ☐ Any Transplant
- ☐ Joint Replacement
- ☐ Other Med Hx Concern

- Allergies**
- ☐ Penicillin
 - ☐ Other Antibiotics
 - ☐ Aspirin
 - ☐ Tylenol/Acetaminophin
 - ☐ Ibuprofen
 - ☐ Other Anti-inflammatory
 - ☐ Codeine
 - ☐ Other Narcotics
 - ☐ Local Anesthesia
 - ☐ Valium/Tranquilizers
 - ☐ Other Medications
 - ☐ Latex
 - ☐ Food
 - ☐ Other - Note Below

- Medications**
- ☐ No Medications
 - ☐ Antibiotic
 - ☐ Pain Medicine
 - ☐ Heart Medicine
 - ☐ Aspirin
 - ☐ Cortisone/Steroids
 - ☐ Blood Thinner
 - ☐ Blood Pressure
 - ☐ Hormone
 - ☐ Thyroid
 - ☐ Birth Control Pills
 - ☐ Diabetes Medication
 - ☐ Ulcer/Digestive
 - ☐ Bone Related
 - ☐ Antidepressants
 - ☐ Other Medications
 - ☐ Non-Prescription

Height: _____ Weight: _____ Blood pressure, if known: _____ / _____

History of hospitalizations: _____

Please note all medications and dosages: _____

Other: _____

The information above is correct.

Print Name

Signature

Date