



HEALTH HISTORY

First Name Last Name MI Ph# Birth Date

What is your chief Dental concern?

List all medicines you are taking:

For Office Use Only

Do you have, or have you had any of the following? (Check Yes/No for each question.)

Table with 2 columns of questions and 2 columns of Yes/No checkboxes. Includes categories like Allergies, Blood Thinners, Tuberculosis, and various chronic conditions.

Are you currently or have you ever taken any of the following medications:

Bisphosphonate or Alendronate ex Fosamax, Skelid, Zometa, Prolin, Risendronate ex Actonel, Ibandronate ex Boniva, Bonefos, Zolendronic Acid ex Reclast, Pamidronate ex Aredia, Etidronate ex Didronel, etc.

Medical problems not listed above

Previous Surgeries/Date(s)

Signature Date

Thank you for choosing Lakeside Family Dental Care!

CR# INITIALS