The personal information and medical history requested below is to enable Dr. Summer Holloway, DMD to evaluate your dental health thoroughly and completely. It is important for you to give complete answers to that we may give you the personal attention that you deserve. This will become part of your dental record and will be kept in the strictest confidence. Thank you.

Personal Information

Date_____

Patient Name _____ Date of Birth_____

Health History

Please circle YES or NO to any of the following:

Abnormal Bleeding	YES NO	Joint Replacement	YES NO	Please circle if you have EVER	
Alcohol Abuse	YES NO	Joint Replacement date: _____		taken any of the following	
Allergies	YES NO	Kidney Problems	YES NO	Bisphosphonates:	
Anemia	YES NO	Liver Disease	YES NO	Actonel	YES NO
Angina Pectoris	YES NO	Low Blood Pressure	YES NO	Bonefos	YES NO
Arthritis	YES NO	Mitral Valve Prolapse	YES NO	Boniva	YES NO
Artificial Heart Valve	YES NO	Pace Maker	YES NO	Didronel	YES NO
Asthma	YES NO	Psychiatric Problems	YES NO	Skelid	YES NO
Blood Transfusion	YES NO	Radiation Therapy	YES NO	Zometa	YES NO
Cancer	YES NO	Seizures	YES NO		
Chemotherapy	YES NO	Shingles	YES NO		
Colitis	YES NO	Sickle Cell Disease	YES NO	Do you Smoke?	YES NO
Congenital Heart Defect	YES NO	Sinus problems	YES NO	Do you take birth control?	YES NO
Diabetes	YES NO	Stroke	YES NO	Are you pregnant?	YES NO
Difficulty Breathing	YES NO	Thyroid Problems	YES NO	Are you nursing?	YES NO
Drug Abuse	YES NO	Tuberculosis	YES NO		
Emphysema	YES NO	Ulcers	YES NO		
Epilepsy	YES NO				
Facial Blister	YES NO	ALLERGIES: Do you have any of the following?			
Glaucoma	YES NO	Aspirin	YES NO		
HIV	YES NO	Codeine	YES NO		
Aids	YES NO	Dental Anesthetics	YES NO		
Heart Attack	YES NO	Erythromycin	YES NO		
Heart Murmurs	YES NO	Latex	YES NO		
Heart Surgery	YES NO	Metals	YES NO		
Hemophilia	YES NO	Penicillin	YES NO		
Hepatitis A	YES NO	Sulfa	YES NO		
Hepatitis B	YES NO	Tetracycline	YES NO		
Hepatitis C	YES NO	Other: _____			
High Blood Pressure	YES NO	_____			

Please list any other medications you are taking: _____
_____

Signature _____ Date _____