# MEDICAL HEALTH QUESTIONNAIRE

Please describe your general health __excellent __good __fair __poor

Please list any medicines or drugs you are taking ______________________________

______________________________________________________________________

Please list any medicines or drugs you are allergic or have had an adverse reaction to___

______________________________________________________________________

Have you been a patient in the hospital during the past 2 years? __yes __no

Have you been under the care of a doctor during the past 2 years? __yes __no

Have you ever had an adverse reaction to any drug, anesthetic, or sedative? __yes __no

Have you had excessive bleeding that required special treatment? __yes __no

Have you ever been diagnosed with any immunodeficiency disorder? __yes __no

Do you use tobacco? __yes __no

Do you use alcohol? __yes __no

Have you ever received IV drugs for bone cancer (i.e. pamidronate, aredia, Zoledronate/Zometa)? __yes __no

Do you take or have you taken drugs for osteoporosis (i.e. Fosamax, Actonel, Skelid, Didronal, Boniva, Reclast)? Date taken ________________ __yes __no

Have you been diagnosed with sleep apnea? __yes __no

Do you snore? __yes __no

Check any of following which you may have had:

__Heart trouble
__Congenital Heart Defect
__Heart Murmur
__Mitro Valve Prolapse
__Heart Surgery
__Rheumatic Fever
__Cardiac Pacemaker
__Heart Valve Replacement
__Joint Replacement - Type ______________ Date____________
__Cancer - Type________________ Date___________
__Blood Clotting Disorders - Type ___________________

__High Blood Pressure
__Low Blood Pressure
__Glaucoma
__Diabetes
__Heptatis or Jaundice (A, B, C)
__Ulcers
__Kidney Disease
__Osteoporosis or osteopenia

__Persistent Cough
__HIV/AIDS
__Sinus Trouble
__Tuberculosis
__Asthma
__Epilepsy
__Arthritis
__Stroke

Has a physician directed you to take antibiotics prior to having your teeth cleaned? __yes __no

Type ____________________________________

Do you have any disease, condition, or problem not listed above that we should know about?

______________________________________________________________________

**Signature** ______________________________________________ **Date** ________________