ENDODONTIC SPECIALISTS OF OAKHURST

MEDICAL HISTORY

Chart #: _____

1. What is your current dental or medical chief complaint? _____
2. Are you in good health? Y□ N□
3. Are you presently under the care of a physician? Y□ N□; If so for what condition? _____
4. In the last five years have you been hospitalized, had a serious illness, or had a major operation? Y□ N□
   If so, please explain: _____
5. Have you had, or do you presently have, any of the following conditions?

Heart surgery, disease, or attack	Y□ N□	AIDS or HIV positive: Date Tested _____	Y□ N□
Angina pectoris	Y□ N□	Hepatitis, jaundice or liver disease	Y□ N□
High/low blood pressure	Y□ N□	Osteoporosis	Y□ N□
Heart murmur	Y□ N□	Drug addiction/Alcoholism	Y□ N□
Heart pacemaker/cochlear implant	Y□ N□	Hemophilia or excessive bleeding	Y□ N□
Stroke	Y□ N□	Cold sores/Herpes	Y□ N□
Psychiatric treatment	Y□ N□	Kidney disease	Y□ N□
Asthma	Y□ N□	Stomach or GI ulcers	Y□ N□
Cancer, tumors, Chemo or radiation therapy	Y□ N□	Sinus trouble	Y□ N□
Lung disease/Tuberculosis	Y□ N□	Seizures/Epilepsy	Y□ N□
Diabetes	Y□ N□	Thyroid disease	Y□ N□

6. Have you ever been diagnosed or treated with any of the following: Rheumatic Fever (RHD), Bacterial Endocarditis, Pulmonary Shunts, Mitral Valve Prolapse, Congenital Heart Disorders, Artificial Heart Valves, Artificial Joints? Y□ N□ (Please circle which)

7. Please list any of the following medications you are now taking:

Antibiotics (which?)	_____	Anticoagulants	_____
Pain medication (which?)	_____	Insulin or similar drug	_____
Bisphosphonates (which?)	_____	Large doses of aspirin	_____
High blood pressure medication	_____	Cortisone (steroids)	_____

Other: _____

8. Have you ever had an allergic reaction to any of the following?

Dental anesthetics	Y□ N□	Aspirin, acetaminophen or ibuprofen	Y□ N□	Penicillin	Y□ N□
Sulfa Drugs	Y□ N□	Codeine or other narcotics	Y□ N□	Erythromycin or other antibiotics	Y□ N□
Latex	Y□ N□				
Any other medications	Y□ N□	(if so, which?) _____			

WOMEN ONLY:

9. Are you pregnant Y□ N□ If yes, how many months? ____ Are you breast feeding? Y□ N□
10. Do you anticipate becoming pregnant? Y□ N□ Are you taking birth control pills Y□ N□

(**If you are taking birth control pills, please read the following:** Antibiotics may inactivate birth control medication. Therefore if you need to take antibiotics during Endodontic treatment, additional birth control measures should be taken until your next menses.)

11. Is there anything the dentist should know regarding your medical history that has not been mentioned? Y□ N□
    Please explain: _____

12. Have you ever had any serious complications involving dental treatment? Y□ N□
    Please explain: _____

Physician's Name: _____ Physicians Phone # _____

In case of an emergency, our office should contact: _____ Phone # _____

To the best of my knowledge, all the preceding answers are true and correct. If I ever have any change in my health or if my medications change, I will inform the office of Dr. Ryan Franklin, DDS, MS, without fail.

Signed: _____ Dated: _____

Patient, Parent or Guardian of Minor