Kirkland Endodontics

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Confidential Health History

ARE YOU ALLERGIC TO OR HAVE YOU HAD REACTIONS TO:	YES	NO
Local anesthetics like Novocain	☐	☐
Penicillin or other antibiotics	☐	☐
Sulfa drugs	☐	☐
Codeine or other drugs	☐	☐
Aspirin	☐	☐
Household bleach	☐	☐
Any metals (e.g. nickel, mercury, etc.)	☐	☐
Latex or rubber	☐	☐

Other (Please List)

DO YOU HAVE OR HAVE YOU EVER HAD THE FOLLOWING:	YES	NO
Heart attack, angina or pacemaker	☐	☐
Rheumatic fever	☐	☐
Stroke	☐	☐
Heart murmur	☐	☐
Mitral valve prolapsed	☐	☐
Artificial joint replacement	☐	☐
Has your physician advised you to pre-medicate with antibiotics because of a heart condition or artificial joints. If yes please list medication:	☐	☐

Diabetes	☐	☐
Liver disease	☐	☐
Kidney disease	☐	☐
Bleeding disorder	☐	☐
High blood pressure	☐	☐
If your blood pressure is high is it controlled with medication?	☐	☐

If yes please list medication:

Hay fever	☐	☐
Asthma	☐	☐
Hepatitis (A, B, or C)	☐	☐
Sexually transmitted diseases	☐	☐
Positive HIV test	☐	☐
Active TB	☐	☐

What medications are you presently taking (including aspirin, birth control pills and herbal supplements)

_____

_____

DO YOU HAVE ANY DISEASE, CONDITION OR PROBLEM NOT LISTED ABOVE THAT YOU THINK WE SHOULD KNOW ABOUT? _____

NAME OF PHYSICIAN _____

WOMEN: ARE YOU PREGNANT? IF SO, WHAT MONTH_____

HEALTH HISTORY UPDATE:

Date _____ Changes_____

Date _____ Changes_____