



Majestic Dental

MICHAEL LEAR, DDS

Medical History Form

Patient Name: _____

Do you have or have you had any of the following diseases or problems?

Please mark the appropriate response:

- Yes No Heart Disease
- Yes No Heart Attack / Heart Defects
- Yes No Heart Murmur
- Yes No Pacemaker / Artificial Valve
- Yes No Rheumatic Fever
- Yes No High / Low Blood Pressure (if yes, please circle high or low)
- Yes No Anemia
- Yes No Bleeding / Blood Thinners / Hemophilia
- Yes No Cancer / Chemotherapy / Radiation Treatment
- Yes No Osteoporosis
- Yes No HIV / AIDS
- Yes No Kidney Problems
- Yes No Hepatitis / Other Liver Diseases
- Yes No Stroke
- Yes No Diabetes
- Yes No Tuberculosis (TB)
- Yes No Asthma / Emphysema / Difficulty Breathing / Inhaler for Asthma
- Yes No Kidney Disease
- Yes No Shingles
- Yes No Stomach Problems / Ulcers / GERD
- Yes No Colitis
- Yes No Drug / Alcohol Dependence
- Yes No Severe / Frequent Headaches
- Yes No Epilepsy / Seizures
- Yes No Thyroid Problems
- Yes No Sinus Trouble / Seasonal Allergies
- Yes No Fainting
- Yes No Arthritis
- Yes No Artificial Joint
- Yes No TMJ
- Yes No Other:

Continued on Back

Are you allergic to or have you had a reaction to:

Yes No Local Anesthetics

Yes No Penicillin or Antibiotics

Yes No Sulfa Drugs

Yes No Aspirin

Yes No Latex

Yes No Codeine or Other Narcotics

Yes No Other: _____

For women only:

Yes No Are you taking birth control pills?

Yes No Are you pregnant?

Yes No Are you nursing?

Medications:

List all medications you take (both prescription and over the counter). We can photocopy your prepared list.

I certify that I have read and understand the above. I acknowledge that my questions, if any, about the inquiries set forth above have been answered to my satisfaction. I will not hold my dentist, or any member of the staff responsible for any errors or omissions that I may have made in the completion of this form.

Date _____ Patient's Signature _____
(or Parent if minor)

Medical History Update:

Date _____ Signature _____
Date _____ Signature _____
Date _____ Signature _____
Date _____ Signature _____
Date _____ Signature _____