Sparks Family Dentistry, LLC Medical History

Foregrant/Trying to get pregnant? Nursing? Taking oral contraceptives?	PatientNam	e:					Dat	e of Birth: _		
operation? Have you ver had a serious head or neck injury? ② Yes ③ No If yes Are you taking any medications, pills, or drugs? ② Yes ③ No If yes Do you take, or have you taken, Phen-Fen or Reduz? ② Yes ③ No If yes Have you ever taken Fosamax, Bonkia, Actonel or any other medications containing bisphosphonates? Are you on a special diet? ② Yes ⑤ No Do you use tobacco? ③ Yes ⑤ No Omen: Are you □ Pregnant/Trying to get pregnant? □ Nursing? □ Taking oral contraceptives? Aspirin □ Penicillin □ Codeine □ Acrylic □ Sulfa Drugs □ Taking oral contraceptives? To you altergic to any of the following? □ Aspirin □ Latex □ Sulfa Drugs □ Taking oral contraceptives? Do you use controlled substances? □ If yes □ No Alzhelmer's Disease ○ Yes ○ No Anaphylaxis ○ Yes ○ No Anthricial Heart Vahve ○ Yes ○ No Arthricis/Gout ○ Yes ○ No Blood Disease ○ Yes ○ No Blood Disease ○ Yes ○ No Consest Pains ○ Yes ○ No Consest	Are you under a physicia	in's care now?) No	If yes				
Are you ever had a serious head or neck injury? ② Yes ③ No If yes Do you take, or have you taken, Phen-Fen or Redux2 ② Yes ⑤ No If yes Do you take, or have you taken, Phen-Fen or Redux2 ② Yes ⑥ No If yes Brave you ever taken Fosomax, Boniva, Actonel or early other medications containing bisphosphonales? Are you on a special diet? Do you use tobacco? ③ Yes ⑥ No Pregnant/Trying to get pregnant? Invising? □ Taking oral contraceptives? Pregnant/Trying to get pregnant? □ Nursing? □ Taking oral contraceptives? If yes Do you use controlled substances? □ Yes ⑥ No Alabelmer's Dissease ⑤ Yes ⑥ No Anaphylaxis ○ Yes ⑥ No Arthridical Joint ○ Yes ○ No Blood Disease ○ Yes ○ No Cancer ○ Yes ○ No Cancer ○ Yes ○ No Cancer ○ Yes ○ No Cheen Yes ○ No Cheen Yes ○ No Cheen Yes ○ No Cheen Yes ○ No Cold Sores/Fever Biblers ○ Yes ○ No Cheen Telins ○ Yes ○ No Chemotherapy ○ Yes ○ No Cheen Telins ○ Yes ○ No Controlled Or Yes ○		e you ever been hospitalized or had a major		⊕ Yes @) No	If yes				•••••
Are you taking any medications, pills, or drugs? Or you take, or have you taken, Phen-Fen or Redux? Or yes On Dif yes It yes Or you use to bacco? Or yes On Do you use to bacco? It yes On Do you use to bacco? Or yes On Do you use to bacco? Or yes On Do you use to bacco? Or yes On Do you use to bacco? It yes	-200	ious head or ne	eck injury?	(A) Yes (C)) No	If ves				The Bost of the Control of the Contr
Do you take, or have you taken, Phenr-Fen or Redux2	50		7. 12.	5555 2555						
Averyou on a special diel? Yes No Alzheimer's Disease Yes No Alzheimer's Disease Yes No Alzheimer's Disease Yes No Easily Winded Yes No Anemia Yes No Easily Winded Yes No Emphysema Yes No Arthrids/Gout No Arthrids/Gout Yes No Arthrids/Jout Yes No Blood Disease Yes No Blood Transfusion Yes No Blood Disease Yes No Bruse Easily Yes No Bruse Easily Yes No Cancer Yes No Cancer Yes No Cancer Yes No Controlled There was No Heart Murmur Yes No Cold Sors/Fever Bletsers Yes No Heart Murmur Yes No Cold Sors/Fever Bletsers Yes No Cold Sors/Fever Bletsers Yes No Cold Sors/Fever Bletsers Yes No Convolusions Yes No Venereal Disease Yes Venered No Venered Disease Yes Venered				1993						
any other medications containing bisphosphonates? Are you on a special diet? Or yes O No Or you use tobacco? Or yes O No Alzhelmer's Disease Or yes O No Alzhelmer's Disease Or yes O No Anemia Or yes O No Anemia Or yes O No Anemia Or yes O No Angina Or yes O No Artificial Joint Or yes O No Biood Disease Or yes O No Bruise Easily Or yes O No Bruise Easily Or yes O No Bruise Easily Or yes O No Cancer Or yes O No Chest Pains Or yes O No Convolsions Or yes O No Or yes	Do you take, or have you	ı taken, Phen-F	en or Redux?	Yes €	No	If yes				*************************
One you use tobacco? Yes No Nursing? Taking oral contraceptives?	[12][[() [[[() [[() [[() [[() [[() [[() [[(No	If yes				
Fregnant/Trying to get pregnant? Aspirin	Are you on a special die	Are you on a special diet?) No					
Pregnant/Trying to get pregnant? Appirin	Do you use tobacco?) No					
re you alergic to any of the following? Aspirin	romen: Are you									
Aspirin Atal Penicillin Atax Suffa Drugs Acrylic Local Anesthetics Other? If yes Or you use controlled substances? Yes No If yes Or you have, or have you had, any of the following? AIDS/HIV Positive Yes No Diabetes Yes No Anaphylaxis Yes No Anaphylaxis Yes No Anaphylaxis Yes No Anaphylaxis Yes No Anglina Yes No Emphysema Yes No Arthritis/Gout Yes No Arthritis/Gout Yes No Arthritis/Gout Yes No Bepliepsy or Seizures Yes No Arthritis/Gout Yes No Bilood Disease Yes No Cancer Yes	Televise.	et pregnant?		Nursing	j ?	A	TO THE PERSON OF	□Taking o	ral contraceptives?	
Do you use controlled substances?	e you allergic to any of t	he following?					-			
Other? Perception Precipion Precipi							Codeine			
Do you use controlled substances? Or you have, or have you had, any of the following? AIDS/HIV Positive	Metal		Latex				Sulfa Drugs		Local Anesthetics	
AIDS/HIV Positive	Other?					If yes		***************************************		
AIDS/HIV Positive	Do you use controlled su	ibstances?		Yes €) No	If ves				
AIDS/HIV Positive										
Alzheimer's Disease	you have, or have you		following?				Y ************************************			
Anaphylaxis	0.00mm (1.35) 20000	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN	Cortisone Me	dicine	100000000000000000000000000000000000000	200	Hemophilia		Radiation Treatments	🗇 Yes 🔾
Anemia	N 1927	78	Diabetes		Yes	O No	A STATE OF THE PARTY OF THE PAR	Yes No	Recent Weight Loss	🗘 Yes 🔾
Angina	Anaphylaxis		Drug Addiction	n	Yes	No	Hepatitis B or C	Yes No	Renal Dialysis	🗇 Yes 🔾
Arthritis/Gout	Anemia	Yes No	Easily Winde	d	Yes	⊕ No	Herpes	Yes No	Rheumatic Fever	Yes
Artificial Heart Vaíve	Angina	Yes No	Emphysema		Yes	O No	High Blood Pressure	Yes	Rheumatism	🐧 Yes 🔾
Artificial Joint	Arthritis/Gout	O Yes O No	Epilepsy or S	eizures	Yes	No	High Cholesterol	Yes No	Scarlet Fever	⊖ Yes ⊖
Asthma	Artificial Heart Valve	Yes No	Excessive Ble	eding	Yes	No	Hives or Rash	Yes No	Shingles	○ Yes ○
Blood Disease	Artificial Joint	Yes No	Excessive Th	irst	Yes	() No	Hypoglycemia	🕒 Yes 💮 No	Sickle Cell Disease	🔾 Yes 🗇
Blood Transfusion	Asthma	Yes No	Fainting Spell	/Dizziness	Yes	⊕ No	Irregular Heartbeat	Yes	Sinus Trouble	○ Yes ○
Blood Transfusion	Blood Disease	Yes No	Frequent Cou	ıgh	Yes	⊕ No .	Kidney Problems	O Yes O No	Spina Bifida	○ Yes ○
Breathing Problems	Blood Transfusion	🗇 Yes 🐑 No	Frequent Dia	rrhea	Yes	⊗ No	The same of the same	O Yes O No	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Bruise Easily	Breathing Problems	Yes No	250		Yes	(No	PROPERTY AND AND THE PROPERTY OF THE PROPERTY		GU GU	
Cancer			670		Yes	(No	20.0			
Chemotherapy	and the second s	AND A SECONDS ASSESSMENT			22.44					200
Chest Pains			1000		ALTERNATION STATES		_	12 10 10 10 10 10 10 10 10 10 10 10 10 10	The second of the second second process and the second second	
Cold Sores/Fever Blisters Yes No Congenital Heart Disorder Yes No Convulsions Yes No Heart Murmur Yes No Parathyroid Disease Yes No Parathyroid Disease Yes No Psychiatric Care Yes No Venereal Disease Yes	A	and the second	Contract of the contract of th	Eailuro				100 mm = 100	240 000/WW9/SSSSSSS	
Congenital Heart Disorder	VIII. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	March Manager Despending to					The College of the College Col		30.000 TO	
Convulsions				- 00					Commission of the commission o	
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	Conversions	C 100 (5110	neart House	e/ DISease	Z, 163	() NO	Psychiatric Care	CA LES CAMO		
		: :10	at listed	Wor Co	No	If yes				
Have you ever had any serious illness not listed 💮 Yes 💮 No If yes	Have you ever had any s	erious iliness n	or nated	67 100 8						

Date:____